CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only **4543**

(1) PLACE OF BIRTH

County of Hampton

Township of [illegible]

or Inc. Town of .... Registration District No. 24.00 Registered No. 76 (For use of Local Relstrar)

or City of .... (No. .... St.; .... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Odell Griffin Wood Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Feb. 20, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets (applies to 4 and 5)

FATHER.	MOTHER.
(8) FULL NAME Odell G Wood	(14) NAME BEFORE MARRIAGE Earmuline Parker
(9) PRESENT POSTOFFICE OF FATHER Estill S.C.	(15) PRESENT POSTOFFICE OF MOTHER Estill S.C.
(10) COLOR OR RACE white — (11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE white — (17) AGE AT LAST BIRTHDAY 18 (Years)
(12) BIRTHPLACE Burke Ga	(18) BIRTHPLACE Hampton Co
(13) OCCUPATION [illegible] Right	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth ....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Johnston ... Peeples

(24) State whether Physician or Midwife: Physician | (25) Address of Physician or Midwife: Estill S.C.

Affid 8-11-57

Given name added from a supplemental report

.... 191....

.... Registrar

(26) Witness ....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 24 1922. (28) H. E. Dickinson
Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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