

Form No. 1.

(1) PLACE OF BIRTH

County of Union

Township of Jamestown

or
Inc. Town of
or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Lelia Subert Woodson

File No. — For State Registrar Only

50653

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 6 Registered No. 6

(For use of Local Registrar)

St.; Ward

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(Is he answered only in case of Twin or Triplet)

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH Feb. 15
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Detton Subert

(9) PRESENT POSTOFFICE OF FATHER Jamestown, S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 17
(Years)

(12) BIRTHPLACE Union County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lelia Woodson

(15) PRESENT POSTOFFICE OF MOTHER Jamestown, S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17
(Years)

(18) BIRTHPLACE Union County

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Miller Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness C. H. Curran

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

(27) Filed Feb. 13, 1916 (28) C. H. Curran 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.

MARGIN RESERVED FOR INDEXING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
McGaw, of Columbia.