

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.  
Caw. of Columbia

(1) PLACE OF BIRTH

County of Greenwood

Township of Albion

Inc. Town of .....

City of .....

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

(2) Full Name of Child Belle Hood

(3) BOY OR GIRL? Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 20 1916 (Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Ruth Hood  
(9) PRESENT POSTOFFICE OF FATHER Wiley Ave S P  
(10) COLOR OR RACE Wh (11) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE Greenwood  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Rebecca Wallace  
(15) PRESENT POSTOFFICE OF MOTHER Wiley Ave S P  
(16) COLOR OR RACE Wh (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Greenwood  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Payne (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wiley Ave S P

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 2/24 1916 (28) E. H. Payne 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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CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
49874

Registration District No. 1-1-1 Registered No. 82  
(For use of Local Registrar)