Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
48516

(1) PLACE OF BIRTH

County of Chester

Township of Baton Rouge

or Inc. Town of ..... Registration District No. 1100 Registered No. 3
(For use of Local Registrar)

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 Richard Johnson Woods { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? (5) Number in order of birth
(To be answered only in event of Twins or Triplets)

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 17 1916
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Frank Woods	(14) NAME BEFORE MARRIAGE Lucy Wade
(9) PRESENT POSTOFFICE OF FATHER Leeds, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Leeds, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Chester Co.	(18) BIRTHPLACE Union Co
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth { 9	(21) Number of children of this mother now living, including present birth { 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Mrs. Wages

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Leeds, S.C.

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 March 1, 1916 (28) J. R. Cornwell
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.

McCaw, of Columbia.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A TRANSMISSION RECORD.
MARGIN REMOVED FOR BINDING.
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.