

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12-For this register

2719

Registration District No. 4508

Registered No. 12
(For use of Local Registrar)

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

(2) Full Name of Child

Mahalme Woods

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

(3) SEX OF CHILD

Girl

(4) Type of Triplet

To be entered only in case of Triplet or Triplet

(5) Number in order of birth

(6) Age of mother

24

(7) DATE OF BIRTH

Feb 20 1923

(8) (Month of birth) (Day) (Year)

FATHER.

(9) FULL NAME

Eugene Woods

(10) PRESENT RESIDENCE OF FATHER

Barton P.C.

(11) COLOR OR RACE

Caucasian

(12) AGE AT LAST BIRTHDAY

20

(13) BIRTHPLACE

S.C.

(14) OCCUPATION

Farmer

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

1

MOTHER.

(16) NAME BEFORE MARRIAGE

Virgin Garvin

(17) PRESENT RESIDENCE OF MOTHER

Barton P.C.

(18) COLOR OR RACE

Caucasian

(19) AGE AT LAST BIRTHDAY

21

(20) BIRTHPLACE

S.C.

(21) OCCUPATION

Housewife

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(24) (Signature)

(25) Name of Physician or Midwife

Laura Smoke

(26) Address of Physician or Midwife

Barton P.C. S.C.

Given name added from a supplemental report

When there was a stillborn child

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

Feb 22 1923

(27) Signature of Witness

J. H. Rose