

Form No. 3

(1) PLACE OF BIRTH

County of Edgefield
 Township of Adbert
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42231

Registration District No. 1815 Registered No. 37
 (For use of Local Registrar)

(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 Josie May Wood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Joe Wood
 (9) PRESENT POSTOFFICE OF FATHER Callison
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
 (Years)
 (12) BIRTHPLACE Lincoln Co.
 (13) OCCUPATION Sawmill work
 (20) Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Roda Doolittle
 (15) PRESENT POSTOFFICE OF MOTHER Callison
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
 (Years)
 (18) BIRTHPLACE Edgefield Co.
 (19) OCCUPATION General work
 (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 alive at 4 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joe Wood
 (24) State whether Physician or Midwife Father (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec. 19 22 (28) J. D. Hughes
 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.

Registrar

Local Registrar
 Number.
 named, r
 as dire

(Day)

1922

1922

(Year)

A. M. or

P. M.

Local Registrar

this return before