

## (1) PLACE OF BIRTH

County of *Albermarle*Township of *Tracy*or  
Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *204*

File No. - For State Registrar Only

*76*Registered No. *6*  
(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 *Grace Woodard*If child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRL *g*(4) Twin  
or Triplet

To be answered only in event of Twin or Triplet

(5) Number in  
order of birth(6) Are  
Parents  
Married? *y*

(7) DATE OF

BIRTH *Jan 13, 1923*  
(Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME *L.H. Woodard*(9) PRESENT  
POSTOFFICE  
OF FATHER *Warrenville S.C.*(10) COLOR  
OR  
RACE *w*(11) AGE AT LAST  
BIRTHDAY *27*  
(Years)(12) BIRTHPLACE *W.C.*(13) OCCUPATION *Miss Quirk*(14) Number of children born to  
mother, including present birth *4*

## MOTHER.

(14) NAME BEFORE  
MARRIAGE *Essie Sullivan*(15) PRESENT  
POSTOFFICE  
OF MOTHER *Warrenville S.C.*(16) COLOR  
OR  
RACE *white*(17) AGE AT LAST  
BIRTHDAY *30*  
(Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Miss Quirk*(20) Number of children of this mother  
now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born* at *5 P.* M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *S.A. Marshall*

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife *Physician*(25) Given name added from a supplement-  
al report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed *Jan 14, 1923*(28) Local Registrar *W.H. Turnbull R.S.M.D.*\*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.\*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.