

(1) PLACE OF BIRTH

County of Fairfield
 Township of
 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

17551

Registration District No. 1127Registered No. 59
(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 James Perry Woody If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20, 20
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Perry Woody
 (9) PRESENT POSTOFFICE OF FATHER River, S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31
 (Year)
 (12) BIRTHPLACE Fairfield City, North Carolina
 (13) OCCUPATION Carpenter - Saw mill,

MOTHER.

(14) NAME BEFORE MARRIAGE Kathleen Anna Quinn
 (15) PRESENT POSTOFFICE OF MOTHER River, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
 (Year)
 (18) BIRTHPLACE Fairfield City, N.C.
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth Four (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 5:15 M., on the date above stated. (Born alive or stillborn. Hour M. P. M.)

(23) (Signature) J. E. Douglas, Jr. M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wilmington, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 10, 1923 (28) J. M. Hayner 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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