

(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. 1177 Registered 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 John Barry Woody 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 4 6) Are Parents Married? Yes 7) DATE OF BIRTH June 20, 20
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James Bry Woody
9) PRESENT POSTOFFICE OF FATHER River, S.C.
10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Year)
12) BIRTHPLACE North Carolina
13) OCCUPATION Carpenter - Saw mill,
14) Number of children born to mother, including present birth Four

MOTHER.

14) NAME BEFORE MARRIAGE Kathleen Anne Quinn
15) PRESENT POSTOFFICE OF MOTHER River, S.C.
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 32 (Year)
18) BIRTHPLACE Ferry City, N.C.
19) OCCUPATION Domestic
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 P.M. on the date above stated. (Born alive or stillborn. Hour M. P. M.)

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

Given name added from a supplemental report
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19.....
Registrar

(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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