

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of Imush
 or
 Inc. Town of
 or
 City of Gaffney S.C. (No. 125 Laurel St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
25305

Registration District No. 10a Registered No. 188
(For use of Local Registrar)

(2) Full Name of Child Thomas Chigman Wood If child is not yet named, make supplemental report as directed

| | | | | |
|---|---|-------------------------------------|---|---|
| (3) BOY OR GIRL? <input checked="" type="checkbox"/> BOY <input type="checkbox"/> GIRL | (4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small> | (5) Number in order of birth | (6) Are Parents Married? <u>Yes</u> | (7) DATE OF BIRTH <u>Aug 26 1912</u> <small>(Name of Month) (Day) (Year)</small> |
|---|---|-------------------------------------|---|---|

FATHER.
(8) FULL NAME Thomas Chigman Wood
(9) PRESENT POSTOFFICE OF FATHER Gaffney S.C.
(10) COLOR OR RACE White **(11) AGE AT LAST BIRTHDAY** 32
(Years)
(12) BIRTHPLACE Rutherford Co. N.C.
(13) OCCUPATION Salesman
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Maggie Ed Garrison
(15) PRESENT POSTOFFICE OF MOTHER Gaffney S.C.
(16) COLOR OR RACE White **(17) AGE AT LAST BIRTHDAY** 36
(Year)
(18) BIRTHPLACE Spartanburg S.C.
(19) OCCUPATION House wife
(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 born **at** 1 H **M.,**
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician **(25) Address of Physician or Midwife** Gaffney S.C.

Given name added from a supplemental report

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 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 11 1912 **(28) w. J. Smith**
 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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DEPT. OF HEALTH, COLUMBIA, S. C.