

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		25305	
Township of <u>Imperial</u>		Bureau of Vital Statistics			
or Inc. Town of .....		State Board of Health			
City of <u>Gaffney S.C.</u>		Registration District No. <u>1.0.2</u>		Registered No. <u>1.8.8</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>1.2.5</u> <u>Laurel</u> St.; ..... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Thomas Chigman Wood</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 16 1912</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Thomas Chigman Wood</u>			(14) NAME BEFORE MARRIAGE <u>Maggie Lee Garrison</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Gaffney S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gaffney S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)		
(12) BIRTHPLACE <u>Rutherford Co. N.C.</u>			(18) BIRTHPLACE <u>Spartanburg S.C.</u>		
(13) OCCUPATION <u>Salesman</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>1 H</u> on the date above stated. (Hour A. M. or P. M.)					
(23) (Signature) <u>W. D. Garrison</u>		(25) Address of Physician or Midwife <u>Gaffney S.C.</u>			
(24) State whether Physician or Midwife					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>Sept 11 1912</u>			
..... 19 .....		(27) Filed <u>Sept 11 1912</u> (28) <u>W. D. Garrison</u> Local Registrar.			
..... 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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RECEIVED OF COLUMBIA, S. C.

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