

(1) PLACE OF BIRTH

County of *Sptg*Township of *Woodruff*

Inc. Town of

or

City of

(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

32394

Registration District No. *4009* Registered No. *126*

(For use of Local Registrar)

2) Full Name of Child *Virginia Dora Fisher* If child is not yet named, make supplemental report as directed3) BOY OR GIRL *girl* (4) Twin or Triplet? *no* (5) Number & order of birth *1st* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Sept. 29, 1922* (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Richard O. Fisher*(9) PRESENT POSTOFFICE OF FATHER *Woodruff*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Sptg Co*(13) OCCUPATION *Teacher*(14) Number of children born to mother, including present birth *2*

MOTHER

(14) NAME BEFORE MARRIAGE *Emmie Watson*(15) PRESENT POSTOFFICE OF MOTHER *Woodruff*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *21* (Years)(18) BIRTHPLACE *Sptg Co*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *5:00* M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *[Signature]*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Woodruff*

Given name added from a supplemental report

5725144 101...*L. A. Pinner M.D.* Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Oct 11* 1922 (28) *Lothar L. Bouter* 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.