

When filled out with UNPUBLISHED, THIS IS A PERMANENT RECORD.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>Cyfling</u>		STATE OF SOUTH CAROLINA		2858	
Township of <u>Swamp</u>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. Town of		Registration District No. <u>2073</u>		Registered No. <u>10</u>	
City of		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Carmen Wood</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>Twin</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 3 1927</u>	
(Name of Month) (Day) (Year)					
FATHER			MOTHER		
(8) FULL NAME <u>Jesse Allen Wood</u>			(14) NAME BEFORE MARRIAGE <u>Northa Skipper</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Samariee</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Samariee</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>39</u>			(17) AGE AT LAST BIRTHDAY <u>35</u>		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present birth <u>10</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>4:00 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Emeline Nelson</u>					
(24) State whether <u>Physician or Midwife</u> (25) Address of Physician or Midwife <u>Medwife Samariee</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary when Question 23 is signed by midwife) <u>John Lewis</u>		
..... 19			(27) Filed <u>Feb 8 1927</u> (28) 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.