

REMAIN RESERVED FOR BINDING.  
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Woodruff  
or  
Inc. Town of .....  
or  
City of ..... (No. .... 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

5832

Registration District No. 4009

Registered No. 13  
(For use of Local Registrar)

(2) Full Name of Child

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: 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 13 1924  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Will W Sample  
(9) PRESENT POSTOFFICE OF FATHER Woodruff  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Year) (12) BIRTHPLACE New Port Tenn  
(13) OCCUPATION Farm

MOTHER  
(14) NAME BEFORE MARRIAGE Georgia Ballard  
(15) PRESENT POSTOFFICE OF MOTHER Woodruff  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40  
(Year) (18) BIRTHPLACE Henderson Co W.C.  
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 10 (21) Number of children of this mother now living, including present birth 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Q. H. McCann (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Woodruff

Given name added from a supplemental report

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

19 .. Registrar

(27) Filed Feb 15 1922 (28) Chas. L. Butler 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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