

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 1A

Inc. Town of

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 HealthRegistration District No. 1913

File No.—For State Registrar Only

40150Registered No. 104
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Not named

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 19 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>William Mc Kinley Woodward</u>			(14) NAME BEFORE MARRIAGE <u>Eather Gilyard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Wimmsboro S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeway S.C.</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Year)	(16) COLOR OR RACE <u>mulatto</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)	
(12) BIRTHPLACE <u>Fairfield County</u>		(18) BIRTHPLACE <u>Nelson S.C.</u>		
(13) OCCUPATION <u>Carpenter</u>		(19) OCCUPATION <u>general housework</u>		
(20) Number of children born to mother, including present birth <u>1 2</u>		(21) Number of children of this mother now living, including present birth <u>1 2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susanah Jones(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ridgeway S.C.

(Given name added from a supplemental report)

(26) Witness Eliza Hair

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 10 1924 (28) P. M. Haxner19
Registrar

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.