

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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. McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH  
 County of Fairfield  
 Township of # 11  
 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  
**46114**

Registration District No. 7900 Registered No. 5  
 (For use of Local Registrar)

(2) Full Name of Child Lawrence Woodward } If child is not yet named, make supplemental report as directed

(3) <u>BOY</u> OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Age Parents Married? <u>Spec</u>	(7) DATE OF BIRTH <u>Jan. 17</u> 19 <u>06</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME William Woodward

(9) PRESENT POSTOFFICE OF FATHER Shelton S.C.

(10) COLOR OR RACE Black. (11) AGE AT LAST BIRTHDAY 45 (Years)

(12) BIRTHPLACE Fairfield S.C.

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth } five

**MOTHER.**

(14) NAME BEFORE MARRIAGE Dora Wallace

(15) PRESENT POSTOFFICE OF MOTHER Shelton

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Fairfield

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth } 5

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

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Laxmeadow

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Shelton, S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Registrar

(26) Witness W. C. Wilson  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1/24 1916 (28) H. G. Colvin 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.