

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 #

or
Inc. Town of

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 Laurance 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? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) <u>Single</u> Parent Married?	(7) DATE OF BIRTH <u>Jan. 17</u> , 19 <u>06</u> (Name of Month) (Day) (Year)
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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 4 P.M. M., on the date above stated. (If alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) I. Laxmeadow

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Shelton, S.C.

Given name added from a supplemental report

(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.