

Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

12143

Name of *Woodruff*

Family of *Woodruff*

In form of Registration District No. *4001* Registered No. *36*
(For use of Local Registrar)

City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child If child is not yet named, make supplemental report as directed

Sex *Boy* (4) Twin or Triplet? *X* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *4 10 23*
(Name of Month) (Day) (Year)

FATHER.

Full Name *Brooks George*

Present Postoffice of Father *Woodruff SC R#1*

Color or Race *White* (11) AGE AT LAST BIRTHDAY *26*
(Years)

Birthplace *SC*

Occupation *Farmer*

Number of children born to father, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *May Rell Marlow*

(15) PRESENT POSTOFFICE OF MOTHER *Woodruff SC R#1*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20*
(Years)

(18) BIRTHPLACE *SC*

(19) OCCUPATION *Dom*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was *5-a* as *5-a* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *St. W. M. M. M.*

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

Give name added from a supplemental report

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Registrar

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

(27) Filed *Nov 2 1923* (28) *Chas. L. B. J. T.* (Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.