

(1) PLACE OF BIRTH

County of *Woodruff*
Township of *Woodruff*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
16820

Registration District No. *4009* Registered No. *60*
(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.)

(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 (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *May, 12, 22*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *B. H. Satterfield*
(9) PRESENT POSTOFFICE OF FATHER *Woodruff S.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *45* (Years)
(12) BIRTHPLACE *Atlanta Ga*
(13) OCCUPATION *Farmer*
(14) Number of children born to mother, including present birth } *2*

MOTHER.
(14) NAME BEFORE MARRIAGE *Mattie Brockman*
(15) PRESENT POSTOFFICE OF MOTHER *Woodruff S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *28* (Years)
(18) BIRTHPLACE *Atlanta Ga*
(19) OCCUPATION *Domestic*
(21) Number of children of this mother now living, including present birth } *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *4 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *B. J. Workman*
(24) State whether Physician or Midwife *Phys* (25) Address of Physician or Midwife *Woodruff S.C.*

Given name added from a supplemental report
..... 101.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Chas. L. Boyter
(27) Filed *June 12, 22* (28) *Chas. L. Boyter* 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.

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.