

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Woodruff

or
 Inc. Town of
 or

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 Health

File No.—For State Registrar Only

37785 X

Registration District No. 4029 Registered No. 118
 (For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY OR GIRL? Turn (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 10 11
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Edwin Wright

(9) PRESENT POSTOFFICE OF FATHER Woodruff SC #4

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
 (Years)

(12) BIRTHPLACE Spartanburg Co

(13) OCCUPATION R & L Carrier

(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Mae Woodruff

(15) PRESENT POSTOFFICE OF MOTHER Woodruff SC #4

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
 (Years)

(18) BIRTHPLACE Spartanburg Co

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. H. Brown

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

Given name added from a supplemental report

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Registrar

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

(27) File No. 12123 (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.

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