

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Providence  
 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

2219

Registration District No. 3614 Registered No. 7  
 (For use of Local Registrar)

(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 Lillian Woods (If child is not yet named, make supplemental report as directed)

(1) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Is mother married? Yes (7) DATE OF BIRTH Jan. 18, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Reid  
 (9) PRESENT POSTOFFICE OF FATHER Tamney, S. C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)  
 (12) BIRTHPLACE Orangeburg County  
 (13) OCCUPATION Farming  
 (22) Number of children born to mother, including present birth 4

## MOTHER.

(14) MARRIAGE BEFORE Alma Keeler  
 (15) COUNTY OFFICE OF MOTHER Tamney, S. C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23 (Years)  
 (18) BIRTHPLACE Orangeburg County  
 (19) OCCUPATION Housekeeping  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(23) I hereby certify that I attended the birth of this child, who was alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Lelia Fogle(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Tamney, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan. 21, 1922(28) D. J. Duntley

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.

WRITE PLAINLY, WITH UNFADING INK—WHEN IN A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS, MAKE SEPARATE RECORD FOR EACH CHILD, AND MARK THE  
 SPERMATOPHYTES, NO. 1. THIS OFFICE, NO. 2, etc., in question 6.