

(1) PLACE OF BIRTH

County of

Township of

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

24642

Registration District No. 313

Registered No. 59

(For use of Local Registrar)

(2) Full Name of Child

Dorothy Woodson

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

3) BOY OR GIRL

Girl

4) Twin or Triplet

Twin

(5) Number in order of birth

#1

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Aug. 10, 1922

(Name of Month) (Day) (Year)

FATHER.

3) FULL NAME

C. H. Woodson

5) PRESENT POSTOFFICE OF FATHER

Piedmont B # 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(Years)

12) BIRTHPLACE

S.C.

13) OCCUPATION

Mechanic

20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Estelle Richey

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont B # 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug. 14, 1922

(28)

B. J. Fleming

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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