

(1) PLACE OF BIRTH

County of Charleston

Township of

Ina. Town of

City of Charleston

(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 Register Only

3157

Registration District No. 9 ARegistered No. 234

(For use of Local Registrar)

(Name of Child)

2) Full Name of Child William Joseph Wood Jr. If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1
to be entered only in case of twin or triplet(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 2, 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Joseph Wood(9) PRESENT POSTOFFICE OF FATHER #3 Woolf St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Boiler maker(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Bess Adeline Witt(15) PRESENT POSTOFFICE OF MOTHER #2 Woolf St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION House wife(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or dead) (Hour A. M. or P. M.)(22) (Signature) J. H. Pham, M.D.

(23) State Physician or Surgeon (24) Address of Physician or Surgeon

Given name and address of applicant and report

(25) Witness (Signature of Witness necessary only when occasion is to change name)

(26) Date Feb. 23, 1923 (27) Local Registrar

When this certificate is filed, the local registrar, or other authorized person, should make this return to the State Board of Health before the