

(1) PLACE OF BIRTH

County of Willingburg
 Township of Hope
 or
 Inc. Town of
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

9439

Registration District No. 4307Registered No. 26
(For use of Local Registrar)(2) Full Name of Child Mar Wood

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) Age Period Marked Yes (7) DATE OF BIRTH Mar 11 1911
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME July Wood
 (9) PRESENT POSTOFFICE OF FATHER Kingston S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Anna Lou Gentry
 (15) PRESENT POSTOFFICE OF MOTHER Kingston S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House Housewife
 (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 born at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Minda McCalley
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kingston S.C.

Given name, address, street or post-office and report
 (26) When (Signature of Witness necessary only when question 23 is signed by mark)
 on Mar 11 1911 (27) J. A. Rhinwell (Witness)

If there was no attending physician or midwife, then the father, householder, or, should such fail, the nearest relatives, must be reported as witnesses. The report is deemed of value only if the facts stated are true.