

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia

(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

2365

Registration District No. 38aRegistered No. 1015

(For use of Local Registrar)

(2) Full Name of Child, Elizabeth S. da Woodward

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 4 1902</u>
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(8) FULL NAME <u>JANE T. FATHER</u>	(9) NAME BEFORE MARRIAGE <u>Elizabeth Brason</u>
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(10) PRESENT POSTOFFICE OF FATHER <u>1108 Henderson St. Columbia S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>1108 Henderson St. Columbia S.C.</u>
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(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>36</u>	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>82</u>
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(16) BIRTHPLACE <u>S.C.</u>	(17) BIRTHPLACE <u>S.C.</u>
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(18) OCCUPATION <u>Sawyer</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4:45 P. on the date above stated. (Do not write "born" or "stillborn") (Hour A. M. or P. M.)(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife 1416 Hampton(25) Witness Chapman(26) Filed 1-17-1902 (27) 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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