

(1) PLACE OF BIRTH

County of Aiken
 Township of Capinaw
 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

6273

Registration District No. 206 Registered No. 6
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Ernest Wood

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 4 22
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Johnnie Wood (9) PRESENT POSTOFFICE OF FATHER Wagener (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years) (12) BIRTHPLACE S. C. (13) OCCUPATION Farm

MOTHER: (14) NAME BEFORE MARRIAGE Clara Williams (15) PRESENT POSTOFFICE OF MOTHER Wagener (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years) (18) BIRTHPLACE S. C. (19) OCCUPATION House wife (20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. J. J. Wagner (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wagener

Given name added from a supplemental report

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

(27) Filed Nov 4 22 (28) 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.