

(1) PLACE OF BIRTH

County of Wagoner
Township of Britton Neck
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
31242

Registration District No. 3500

Registered No. 41
(For use of Local Registrar)

City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Malven Woodburn

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

3. BOY OR GIRL <i>Boy</i>	4. Twin or Triplet? <i>To be answered only in event of Twins or Triplets</i>	5. Number in order of birth	6. Are Parents Married? <i>Yes</i>	7. DATE OF BIRTH <i>Sept. 14, 1922</i> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME *Frederick W. W. W.*

9) PRESENT POST OFFICE OF FATHER *1234 5th St. N. W.*

10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *25* (Years)

12) BIRTHPLACE *U. S. A.*

13) OCCUPATION *Teacher*

14) Number of children born to mother, including present birth *3*

MOTHER.

(14) NAME BEFORE MARRIAGE *Phineas Woodman*

(15) PRESENT POSTOFFICE OF MOTHER *Yreka S.C.*

(16) COLOR OR RACE *Coal*

(17) AGE AT LAST BIRTHDAY.....*2*.....*10*.....
(Year)

(18) BIRTHPLACE *S.C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Alvin Hoover

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
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Given name added from a supplement-
al report

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

(27) Filed Sept 15 1922 (28) W. J. Doran
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.