

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of .....

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

(2) Full Name of Child Theodore Woodard If not yet named, make mental report as directed(3) BOY OR GIRL? Boy (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 19 1923 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Randolph Woodard(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Fairfield Co(13) OCCUPATION labor(14) Number of children born to mother, including present birth one

## MOTHER.

(15) NAME BEFORE MARRIAGE Wilhelmina Ellison(16) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 17 (Years)(19) BIRTHPLACE Columbia S.C.(20) OCCUPATION housework(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as 1/15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie Lee

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife 2109 Elmwood Ave

Given name added from a supplemental report

(26) Witness Cornie Brown

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

(27) Filed 3/3 1923 (28) A. J. Sloan 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.

before the fifth month of pregnancy.

FIRST-BORN N. No. 1. THE OTHER, No. 2, etc. In question 2