

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Aiken* STATE OF SOUTH CAROLINA.
 Township of *Hillbrook* Bureau of Vital Statistics
 State Board of Health
 or
 Inc. Town of Registration District No. *207* Registered No. *59*
 (For use of Local Registrar)
 or
 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 *Alwood Everett Woodard* If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
75441

(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 *Aug. 31, 1916*
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Grover Cleveland Woodard*
 (9) PRESENT POSTOFFICE OF FATHER *Aiken S.C. #74*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32* (Years)
 (12) BIRTHPLACE *Aiken C.S.C.*
 (13) OCCUPATION *Farmer*
 (20) Number of children born to mother, including present birth *4*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Emma Belle Reynolds*
 (15) PRESENT POSTOFFICE OF MOTHER *Aiken S.C. #4*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30* (Years)
 (18) BIRTHPLACE *Augusta, Ga.*
 (19) OCCUPATION *Housewife*
 (21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was *alive* at *5:20* A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) *Harry H. Reynolds*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife *Aiken S.C.*

Given name added from a supplemental report
Tracy 1917
W. M. Cook
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Sept 5* 1916 (28) *F. H. Cook*
 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.