

(1) PLACE OF BIRTH

County of SpartanburgTownship of Camden

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

37642

Registration District No. 4001-GRegistered No. 113

(For use of Local Registrar)

(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 Mary Elizabeth Woods

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

(3) BOY OR GIRL Girl(4) Twin or Triplet No

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

BIRTH Feb 20 1923
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm. C. Woods(9) PRESENT RESIDENCE OF FATHER Camden, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 41
(Year)(12) BIRTHPLACE Madison Co., N.C.(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Fisher(15) PRESENT RESIDENCE OF MOTHER Camden, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 39
(Year)(18) BIRTHPLACE Madison Co., N.C.(19) OCCUPATION Housework(20) Number of children born to mother, including present birth 11(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Camden, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 11/30 1923(28) C. J. Mayberry
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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