

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.
Bureau of Documents, Columbia, S. C.

(1) PLACE OF BIRTH

County of Chester
Township of Blacklock
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 1101

File No. — For State Registrar Only
17129

Registered No. 34
(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 Wylee Woodward

If child is not yet named, make supplemental 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 6/2/22
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Andy Woodard
(9) PRESENT POSTOFFICE OF FATHER Cannell SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36
(Year)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Lana Woodward
(15) PRESENT POSTOFFICE OF MOTHER Cannell SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37
(Year)
(18) BIRTHPLACE SC
(19) OCCUPATION House wife
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(22) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 6/20/22 (28) J. B. Cannell 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.