

Form No. 1

(1) PLACE OF BIRTH

County of Davidson
 Township of Hope
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

66558

Registration District No. 4301 Registered No. 568
 (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 Lucille Woods If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? — (5) Number in order of birth — (6) Are Parents Married? Yes (7) DATE OF BIRTH June 2, 1906
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathaniel Woods
 (9) PRESENT POSTOFFICE OF FATHER Greelyville, P.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Davidson Co., P.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth Three

MOTHER.

(15) NAME BEFORE MARRIAGE Martha Wood
 (16) PRESENT POSTOFFICE OF MOTHER Greelyville, P.C.
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 28 (Years)
 (19) BIRTHPLACE Davidson Co., P.C.

(20) OCCUPATION Home laborer

(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Black at 1.2 M. (Born alive or stillborn) (Hour & M. or P. M.)
 on the date above stated.

(23) (Signature) Martha Wood
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greelyville, P.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed June 10, 1906 (28) E. O. Taylor, M.D. 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.

WHEN PLACED, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE SLIP FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2.