

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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CERTIFICATE OF BIRTH

File No. — For State Registrar Only
86340County of *Lauras*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Myals*

or

Inc. Town of

or

City of *Gray Court SC*Registration District No. *280*Registered No. *131*

(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 *Ruby Dell Wood*

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 *8th*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Oct. 30 1916*

To be answered only in event of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *James S Wood*(14) NAME BEFORE MARRIAGE *Stella Abernethy*(9) PRESENT POSTOFFICE OF FATHER *Gray Court SC*(15) PRESENT POSTOFFICE OF MOTHER *Gray Court SC*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *35*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *36*(12) BIRTHPLACE *Lauras county*(18) BIRTHPLACE *Lauras county*(13) OCCUPATION *Farmer*(19) OCCUPATION *House Wife*(20) Number of children born to mother, including present birth *8th*(21) Number of children of this mother now living, including present birth *7th*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *8:50* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Wm. J. Fairman*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Gray Court SC*

Given name added from a supplemental report

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

Registrar

(27) Filed *Dec. 9 1916* (28) *W. C. Mahon* 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.