

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

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86340

County of *Lauramus*

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of *Dyals*

or
Inc. Town of *Gray Court SC*

Registration District No. *280* Registered No. *131*
(For use of Local Registrar)

City of *Gray Court SC* (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 *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) Age 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 *Laura 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 *35th* (Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *36* (Years)

(12) BIRTHPLACE *Lauramus county*

(18) BIRTHPLACE *Lauramus 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. of 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)

..... 191.....

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

..... 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.

RECEIVED FOR RECORDING