

## (1) PLACE OF BIRTH

County of Leicester Co.  
 Township of Cane Creek

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43145

or  
 Inc. Town of ..... Registration District No. 2801 Registered No. 49  
 or  
 City of ..... (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 Willie Marion Wood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 30, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Wood(9) PRESENT POSTOFFICE OF FATHER Leicester SC(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 17 (Years)(12) BIRTHPLACE Leicester Co.(13) OCCUPATION Cotton Mill work(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Alberta Reed(15) PRESENT POSTOFFICE OF MOTHER Leicester SC(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Leicester Co.(19) OCCUPATION Cook(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna Perry Byrd

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Leicester SC

Given name added from a supplemental report

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

(27) Filed Dec. 4, 1922 (28) W. H. Driffin 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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..... 19 ..... (27) Filed ..... 19 ..... (28) ..... Local Registrar.

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