

(1) PLACE OF BIRTH

County of MarionTownship of Bretton Neckor
Inc. Town ofor
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 Walter Woodberry

File No. — For State Registrar Only

65325

(3) BOY OR
GIRL? Boy(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes(7) DATE OF June 29 1916
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Henry Woodberry(9) PRESENT
POSTOFFICE
OF FATHER Eulonia S.S.(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 30
(Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Farmington(20) Number of children born to
mother, including present birth 3

MOTHER.

(14) NAME BEFORE
MARRIAGE Garnet(15) PRESENT
POSTOFFICE
OF MOTHER Eulonia S.S.(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 21
(Years)(18) BIRTHPLACE Marion Co.(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at H. P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Eula Bell(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Eulonia S.S.Given name added from a supplement-
tal report

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Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 30 1916

(28)

H. J. Dozier
Local RegistrarMARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCauley of Columbia

*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.