

Form No. 1.

(1) PLACE OF BIRTH

County of *Kershaw*

Township of *W. Water*

or

Inc. Town of *Ing*

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

69062

Registration District No. *2764*

Registered No. *124/53*

(For use of Local Registrar)

(2) Full Name of Child *Ruben Wood*

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH *June 28 1916*

In the case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Wilbur Wood*

(14) NAME BEFORE MARRIAGE *Hettie Gruber*

(9) PRESENT POSTOFFICE OF FATHER *Blaney St*

(15) PRESENT POSTOFFICE OF MOTHER *Blaney St*

(10) COLOR OR RACE *Negro*

(11) AGE AT LAST BIRTHDAY *29*

(Years)

(16) COLOR OR RACE *Negro*

(17) AGE AT LAST BIRTHDAY *26*

(Years)

(12) BIRTHPLACE *Kershaw*

(18) BIRTHPLACE *Fairfield*

(13) OCCUPATION *Rent Land*

(19) OCCUPATION *work in field*

(20) Number of children born to mother, including present birth *4*

(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 *born alive* at *6 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *M. E. C. Richardson*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Blaney St*

Given name added from a supplemental report

(26) Witness *for M. E. C. Richardson*

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

(27) Filed *July 24 1916*

(28) *Mrs. D. W. Simmons* Local Registrar

*When there was no attending physician or midwife, then the father, householder or other person present at the birth of the child must report as stillborn. No report is required of stillborns until the fifth month of pregnancy.

WITH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. E.—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 3.
McCr., of Columbia.