

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

(2) Full Name of Child

File No. For State Registrar Only

55872

Registered No. 37

(For use of Local Registrar)

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

4

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 16 6

(Name of Month) (Day) (Year)

(8) FULL NAME

John Woods

(9) PRESENT POSTOFFICE OF FATHER

Clanta S.C.

(10) COLOR OR RACE

Color

(11) AGE AT LAST BIRTHDAY

4

(12) BIRTHPLACE

New Zion S.C.

(13) OCCUPATION

Farming

(14) Number of children born mother, including present birth

4

(15) NAME BEFORE MARRIAGE

Lizzie Smith

(16) PRESENT POSTOFFICE OF MOTHER

Clanta S.C.

(17) COLOR OR RACE

Color

(18) AGE AT LAST BIRTHDAY

15

(19) BIRTHPLACE

Spartanburg

(20) OCCUPATION

Cooking

(21) Number of children of the 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 on the date above stated.

(23) (Signature)

S. S. S. S.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Clanta S.C.

Given name added from a supplemental report

(26) With

(Signature of With)

(When question 23 is answered by "With")

Registrar

(27) Filed 4/24/1916 (28)

Date

\*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.

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 3.

McCAW, of Columbia.