

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.

(1) PLACE OF BIRTH

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

91880

County of

Township of

or

Inc. Town of

or

City of

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Mary Anna Wood

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER. Chas. A. Wood

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Clark

(9) PRESENT POSTOFFICE OF FATHER

Pacolet, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Pacolet, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

47

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Salesman

(19) OCCUPATION

Housewife

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

3

(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 6 A.

on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

H. L. Kirkpatrick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D.

Pacolet, S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed

12/25

1916

(28)

M. W. Brown

Local Registrar

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