

(1) PLACE OF BIRTH

County of Greenville

Township of _____
or
Inc. Town of Jackson Mill

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
90101

Registration District No. 2209 Registered No. 585
(For use of Local Registrar)

(No. 11 8th St.; _____ Ward)

(2) Full Name of Child Earnest Columbus Wood } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE BIRTH <u>Dec., 20, 1916</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Columbus Cleveland Wood</u>		(14) NAME BEFORE MARRIAGE <u>Miss. Julia Lewis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Webster N.C.</u>		(18) BIRTHPLACE <u>English N.C.</u>		
(13) OCCUPATION <u>Mill operator</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>One (1)</u>		(21) Number of children of this mother now living, including present birth <u>One (1)</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Leebetter, M.D.

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

Given name added from a supplemental report
_____, 191_____

Registrar

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

(27) Filed Dec 23 1916 (28) a H Mackey
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.

Registrar _____

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N. B. McCaw, of Columbia, FIRST-BORN, No. 1, THE OFFICE, No. 2, etc., in question 5.