

(1) PLACE OF BIRTH

County of AndersonTownship of Antennah

Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 313FILE NUMBER
31002Registered No. 4
(For use of Local Registrar)

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

(2) Full Name of Child Martin B. Woodward

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

(3) SEX OF CHILD Male(4) Type of Birth ✓(5) Number of Children of Mother ✓(6) Age of Child at Birth 0(7) DATE OF BIRTH Sept 11, 1923(8) TIME OF BIRTH 8:00(9) PLACE OF BIRTH Anderson Co. S.C.(10) COLOR OF CHILD W(11) AGE AT LAST BIRTH NO(12) BIRTHPLACE Hart Co. Md.(13) OCCUPATION Carpenter(14) FULL NAME OF FATHER Harley David Bailey(15) PRESENT RESIDENCE OF FATHER Anderson, S.C. R.F. 2(16) COLOR OF FATHER W(17) AGE AT LAST BIRTH NO(18) BIRTHPLACE Hart Co. Md.(19) OCCUPATION Carpenter(20) Number of children born to mother, including present one 1(21) NAME OF MOTHER Mary Lucille Findley(22) PRESENT RESIDENCE OF MOTHER Anderson, S.C. R.F. 2(23) COLOR OF MOTHER W(24) AGE AT LAST BIRTH 35(25) BIRTHPLACE Anderson Co. S.C.(26) OCCUPATION Housewife(27) Number of children of this mother now living, including present one 1

(28) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(29) (Signature) Dr. D. D. Smith(30) State whether Physician or Midwife Physician(31) Address of Physician or Midwife Anderson S.C.(32) Given name added from a supplemental report 2-1-4

(33) Martin B. Woodward, M.D.

(34) Assistant State Registrar

(35) 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.

(36) (Signature) Dr. D. D. Smith(37) State whether Physician or Midwife Physician(38) Address of Physician or Midwife Anderson S.C.(39) Given name added from a supplemental report 2-1-4

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