

(1) PLACE OF BIRTH

County of Marlboro

Township of .....

or  
Inc. Town of .....

or  
City of Brentwood

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 33A

File No.—For State Registrar Only

31265

Registered No. 87  
(For use of Local Registrar)

(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Clayton Earl Wood (If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL Boy 4 Twin or Triplet? No 5 Number in order of birth 1 6 Are Parents Married? yes 7 DATE OF BIRTH 9/23/22  
(Name of Month) (Day) (Year)

FATHER

8 FULL NAME R. G. Wood

9 PRESENT POSTOFFICE OF FATHER Brentwood, Ga.

10 COLOR OR RACE white 11 AGE AT LAST BIRTHDAY 42 (Year)

12 BIRTHPLACE Marlboro County

13 OCCUPATION Mail Carrier

MOTHER

14 NAME BEFORE MARRIAGE Mary Miller

15 PRESENT POSTOFFICE OF MOTHER Brentwood, Ga.

16 COLOR OR RACE white 17 AGE AT LAST BIRTHDAY 36 (Year)

18 BIRTHPLACE Marlboro County

19 OCCUPATION Housewife

20 Number of children born to mother, including present birth 6

21 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:40 A.M. on the date above stated. (Born alive or stillborn. (Hour, M. or P. M.))

(23) (Signature) J. H. Miller, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Brentwood, Ga.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is checked by marks)

(27) Filed Oct 10 22 (28) Mo. J. J. Patu 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.

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