

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

16636

Registration District No. 40-aRegistered No. 226
(For use of Local Registrar)(No. 1 Howard 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

Jessie Mae Woody

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? No(5) Number in order of birth —
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH May 23, 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Woody(9) PRESENT POSTOFFICE OF FATHER Spartanburg(10) COLOR OR RACE Col.(11) AGE AT LAST BIRTHDAY 45
(Year)(12) BIRTHPLACE Laurens S.C.(13) OCCUPATION Lumber(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maillard Cooker(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE Col.(17) AGE AT LAST BIRTHDAY 22
(Year)(18) BIRTHPLACE Spartanburg Co. S.C.(19) OCCUPATION Rum dealer(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 Bonnie at 6 o'clock A.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) F. J. Maule(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-1-22(28) 1922Local 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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