

(1) PLACE OF BIRTH

County of Sumner

Township of

or
In. Town ofor
City of

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

(2) Full Name of Child James W. Wood(3) BOY OR GIRL Girl(4) Twin or Triplet ✓

To be answered only in case of Twin or Triplet

(5) Number by order of birth

(6) Are Twins Marked yes

(7) DATE

BIRTH July 17, 1913
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William K. Wood(9) PRESENT POSTOFFICE OF FATHER Sumner, S.C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 44
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Physician(14) Number of children born to mother, including present birth 7

MOTHER

(15) NAME BEFORE MARRIAGE Martha Wood(16) PRESENT POSTOFFICE OF MOTHER Sumner, S.C.(17) COLOR OR RACE W(18) AGE AT LAST BIRTHDAY 44
(Years)(19) BIRTHPLACE S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.
on the date above stated. (Born alive or stillborn) (Hour) M. or P. M.(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Sumner, 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 7/9/13(28) W. H. Wood
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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CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 1a.—For Birth Register
21290Registration District No. 13 Registered No. 58

(For use of Local Registrar)

(No. Sumner St.) 615 Ward