

OFFICE OF THE

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Register Only

12141

Name of Mother *Mrs. Woodruff*

Name of Father *John Woodruff*

Registration District No. *4009*

Registered No. *27*

(For use of Local Registrar)

Place of Birth (No. of Birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Furman Furcher West* If child is not yet named, make supplemental report as directed

(1) SEX <i>Boy</i>	(4) Twin or Triplet? <i>X</i>	(5) Number in order of birth <i>X</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Apr 21 23</i> (Month of Month) (Day) (Year)
FATHER'S NAME <i>John Woodruff</i>			MOTHER'S NAME <i>Mary Furcher</i>	
PRESENT POSTOFFICE OF FATHER <i>Woodruff SC</i>			(14) NAME BEFORE MARRIAGE <i>Mary Furcher</i>	
COLOR OF HAIR <i>White</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Woodruff SC</i>	
(11) AGE AT LAST BIRTHDAY <i>34</i> (Years)			(16) COLOR OF RACE <i>White</i>	
(12) BIRTHPLACE <i>SC</i>			(17) AGE AT LAST BIRTHDAY <i>25</i> (Years)	
(13) OCCUPATION <i>Farmer</i>			(18) BIRTHPLACE <i>SC</i>	
(19) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Farmer</i>	
(20) Number of children born to mother, including present birth <i>6</i>			(21) Number of children of this mother now living, including present birth <i>6</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *John Woodruff*
(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *109*

Was name added from a supplemental report

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

(27) Filed *May 1 1923* (28) *John L. Bay* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.