

(1) PLACE OF BIRTH

County of Greene
 Township of Greene
 or
 Inc. Town of Greene
 or
 City of Greene
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

No. for State Register
42008

Registration District No. 5424 Registered No.
 (For use of Local Registrar)
 St. Ward

(2) Full Name of Child Walter White R. Woodson

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

(1) BOY OR GIRL? <u>BOY</u>	(4) Twin? <u>No</u>	(3) Number in order of birth <u>4</u>	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2 7 1933</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Wm. J. Woodson</u>			(14) NAME BEFORE MARRIAGE <u>Edith C. Whitte</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville SC</u>	
(10) COLOR OR RACE <u>white</u>			(16) COLOR OR RACE <u>white</u>	
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Merchant & Housekeeper</u>	
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 4 M. on the date above stated.
 (Hour A. M. or P. M.)

(23) (Signature) Wm. J. Woodson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 191..... (28) 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.

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.