

(1) PLACE OF BIRTH

County of

Township of

or
Inc. 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

(3) BOY OR
GIRL?

Girl

(4) Twin
or Triplet?(5) Number in
order of birth

3rd

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH

Nov. 13, 1915

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

FATHER

(8) FULL
NAME

Walter Edgar Woodruff

(9) PRESENT
POSTOFFICE
OF FATHER

Greer Rt # 67c

(10) COLOR
OR
RACE

white

(11) AGE AT LAST
BIRTHDAY18
(Years)

(12) BIRTHPLACE

Aidville S.C.

(13) OCCUPATION

Farmer

(14) Number of children born to
mother, including present birth

Three

MOTHER

(14) NAME BEFORE
MARRIAGE

Mary Pauline Greer

(15) PRESENT
POSTOFFICE
OF MOTHER

Greer Rt # 67c

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY26
(Years)

(18) BIRTHPLACE

Aidville S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother
now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was
on the date above stated.

(23) (Signature) W. L. Greer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

M. L. Greer

Greer, S.C.

Given name added from a supplement
report

191.....

Registrar

(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Jan 5, 1916 (28) J. L. Nelson
Local RegistrarWhen 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.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.

J. L. Greer