

WHEN PLACING WITH UNPAID INK—USE IN A HANDWRITING REQUISITE. IN CASE OF TWINS OR TRIPLETS USE A RED-INKED PLATE FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5657

Registration District No. 40-A Registered No. 48
(For use of Local Registrar)

(No. 281 Spring 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 John Samuel Woodruff

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

3) BOY OR GIRL Boy 4) Twin or Triplet? no 5) Number in order of birth 2 6) Are Parents Married? yes 7) DATE OF BIRTH January 9 1927
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Walter John Woodruff
9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 45
(Years) 12) BIRTHPLACE Trompsburg, S.C.
13) OCCUPATION Wholesale & Retail Grocer
14) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Kate E. Magness
15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 41
(Years) 18) BIRTHPLACE Greasy Pond, S.C. Cherokee Co.
19) OCCUPATION Housewife
20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was White at 8:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James E. Jeffers (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 2-1-1927 (28) James Copes 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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