(1) PLACE OF BIRTH

County of Spartanburg

Township of Spartanburg

or

Inc. Town of ..... Registration District No. 4008 Registered No. 382 (For use of Local Reistrar)

or

City of Converse SC (No. ..... St.; ..... Ward)

(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

File No.—For State Registrar Only
44704

(2) Full Name of Child Baby Wilwood ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
G		1	Yes	Dec 3 1915

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Noah Wilwood	(14) NAME BEFORE MARRIAGE	Ina Mathis
(9) PRESENT POSTOFFICE OF FATHER	Converse SC	(15) PRESENT POSTOFFICE OF MOTHER	Converse SC
(10) COLOR OR RACE	W	(16) COLOR OR RACE	W
(11) AGE AT LAST BIRTHDAY (Years)	22	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	SC
(13) OCCUPATION	Mill hand	(19) OCCUPATION	H.W.
(20) Number of children born to mother, including present birth	One	(21) Number of children of this mother now living, including present birth	One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 5 50 a M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Arthur E. Lynn

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Converse SC

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 Dec 15 1915 (28) E. F. Parker 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.