

(1) PAGE OF BIRTH

# CERTIFICATE OF BIRTH

File No.—For State Registrar Only

## (1) PLACE OF BIRTH

County of Lee  
 Township of St. Charles  
 or  
 Inc. Town of .....  
 of  
 City of .....

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

File No.—For State Registrar Only  
**41422**

Registration District No. .... Registered No. .... **34**  
 (For use of Local Registrar)

City of ..... (No. .... 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 Mary Fleming Woodham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Mar. 21 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Mary Fleming Woodham  
 (9) PRESENT POSTOFFICE OF FATHER St. Charles S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Lee Co. S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Annie Blanche Fleming  
 (15) PRESENT POSTOFFICE OF MOTHER St. Charles S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Lee Co. S.C.  
 (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 ..... at ..... M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. H. H. H. S.C.  
 (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 22 is signed by mark)  
 (27) Filed Dec 30 1923 (28) Newton Chmery 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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