

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

34647

(1) PLACE OF BIRTH
County of Anderson
Township of Union
or
Inc. Town of
or
City of

Registration District No. 310 Registered No. 548
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child High Katherine Wood

Sex Female Date of Birth Nov 13 1923
(Month) (Day) (Year)

FATHER
(1) NAME Rowland Wood
(2) PRESENT RESIDENCE OF FATHER Autumn S.C.
(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 26
(5) BIRTHPLACE Anderson Co.
(6) OCCUPATION Farmer

MOTHER
(1) NAME Rutha Soebke
(2) PRESENT RESIDENCE OF MOTHER Autumn S.C.
(3) COLOR OR RACE White (4) AGE AT LAST BIRTHDAY 20
(5) BIRTHPLACE Anderson Co.
(6) OCCUPATION Housewife

(7) Number of children born to mother, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was born alive at 5:30 PM
on the date above stated. (Born as stillborn) (New A. M. or P. M.)

(29) (Signature) W.C. Byrd
(30) State Physician (31) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(33) Filed Dec 18 1923 (34) N.H. Leavitt
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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