

Form No 1.

(1) PLACE OF BIRTH
County of Sumter
Township of Sumter
or
Inc. Town of
or
City of
(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
44832

Registration District No. 4-6-8 Registered No. 194
(For use of Local Registrar)
St.; Ward;
No.;
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Elizabeth Woods { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Woods
(9) PRESENT POSTOFFICE OF FATHER Sumter
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Sumter
(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Rose
(15) PRESENT POSTOFFICE OF MOTHER Sumter
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE at home
(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1 (21) 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 12 A.M. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mid. Wife (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Mid. Wife 12th St.

Given name added from a supplemental report
....., 191....
.....
Registrar

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

(27) Filed June 5 1914 (28) W. Woods 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.

MARGIN RESERVED FOR BUNDLING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.
McCauley, of Columbia