

(1) PLACE OF BIRTH

County of BarnwellTownship of Barnwellor
Inc. Town of Barnwellor
City of(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

88439

Registration District No. 501 Registered No. 73

(For use of Local Registrar)

(2) Full Name of Child David Gordon Woodard 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? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 12, 1916</u>
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Edward F. Woodard(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Barnwell(13) OCCUPATION Mill man(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Bell Howell(15) PRESENT POSTOFFICE OF MOTHER Barnwell S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE St. Matthews(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:50 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. K. Kirkland, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

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

(27) Filed Dec 14, 1916 (28) R. K. Kirkland 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.