

(1) PLACE OF BIRTH

County of LexingtonTownship of W. H. H.or
Inc. Town ofor
(City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

7700

Registration District No. 3106 Registered No. 9
(For use of Local Registrar)

(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 Polly Franklin Wood If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF

BIRTH Jan 22, 1933

MOTHER.

FATHER.

(8) FULL NAME Polly Wood(9) PRESENT POSTOFFICE OF FATHER Lex Co(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE Lex Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth one(14) NAME BEFORE MARRIAGE Polly Smith(15) PRESENT POSTOFFICE OF MOTHER Lex Co(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Lex Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 M., on the date above stated. (Born alive or stillborn) Hour M. or P.M.(23) (Signature) R. M. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lex Co

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 19

Local Registrar.

Registrar

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.