

(1) PLACE OF BIRTH

County of Union
 Township of Low
 or
 Inc. Town of Low
 or
 City of Low

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

File No.—For State Registrar Only

12089

Registration District No. 3304 Registered No. 69
 (For use of Local Registrar)

(No. St. Ward)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

not named

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH: Aug 14 19 22
 (Name of Month) (Day) (Year)

FATHER

8. FULL NAME John A. Wilson
 9. PRESENT POSTOFFICE OF FATHER Sumner St
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 42 (Year)
 12. BIRTHPLACE S.C.
 13. OCCUPATION Farmer
 20. Number of children born to mother, including present birth 14

MOTHER

14. NAME BEFORE MARRIAGE Martha M. Wood
 15. PRESENT POSTOFFICE OF MOTHER Sumner St
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 41 (Year)
 18. BIRTHPLACE S.C.
 19. OCCUPATION Subs
 21. Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:17 M.
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) W. H. Woodley (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 600 W. 4th

Given name added from a supplemental report

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

(27) Filed Apr 11 19 22 (28) W. H. Woodley 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.

(29) W. H. Woodley Local Registrar

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