Form No 1.

CERTIFICATE OF BIRTH

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

File No. 48598

(1) PLACE OF BIRTH

County of Chesterfield.

Township of Mt. Croghan

or

Inc. Town of ..... Registration District No. 1216 Registered No. 15
(Fill this out if born in a city)

or

City of ..... (No. ..... Street)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Alice Rita Woodward. If child is not yet named, write supplemental report as directed.

(3) BOY OR GIRL?	(4) Twin or Triplet? In the case of twins or triplets state whether first born, second born or third born.	(5) Number in order of birth.	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year) (Hour of Birth)
girl			Yes	Feb. 6 1916

FATHER.

(8) FULL NAME Joseph Hebron Woodward.

(9) PRESENT POSTOFFICE OF FATHER Ruby S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Chesterfield Co. S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth, 3

MOTHER.

(15) NAME BEFORE MARRIAGE Mary Elizabeth Rice

(16) PRESENT POSTOFFICE OF MOTHER Ruby S.C.

(17) COLOR OR RACE White

(18) AGE AT LAST BIRTHDAY 28 (Years)

(19) BIRTHPLACE Chesterfield Co. S.C.

(20) 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 born alive at 2 o'clock P. M. on the date above stated.

(23) (Signature) Isaac Oliver

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ruby S.C.

If born alive but died before birth was registered, fill out following:

..... Died .....

.....

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by midwife)

(27) Filed Feb 17 1916 (28) D. T. Rivers
Local Registrar

*Failure, refusal or neglect of physician or midwife, there the father, household officer, etc., should notify this attendant. It is a misdemeanor punishable by fine or imprisonment, or both, as the court may direct. No request for shortening of certificate. Special blank furnished for stillbirths, or miscarriages.

IMPORTANT—PHYSICIAN OR MIDWIFE MUST FILL OUT ITEMS 22 TO 25 INCLUSIVE.

IMPORTANT—PARENTS MUST FURNISH ITEMS 1 TO 21 INCLUSIVE.

IMPORTANT—INFORMANT must use a SEPARATE BLANK for each child, and mark the number of this child in the upper right hand corner, No. 2, etc., in question 2.