

(1) PLACE OF BIRTH
 County of *Greenville*
 Township of
 or
 Inc. Town of *Piedmont*
 or
 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
46306

Registration District No. *225* Registered No. *6*
 (For use of Local Registrar)

(2) Full Name of Child *Waltham George Woodruff* is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 16, 1916</i>
FATHER		MOTHER		
(8) FULL NAME <i>A. Fred Haskett</i>	(14) NAME BEFORE MARRIAGE <i>Thomas E. Jinsley</i>			
(9) PRESENT POSTOFFICE OF FATHER <i>Piedmont S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Piedmont S.C.</i>			
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>29</i>	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>26</i>	
(12) BIRTHPLACE <i>NC.</i>	(18) BIRTHPLACE <i>NC.</i>			
(13) OCCUPATION <i>Painter</i>	(19) OCCUPATION <i>Domestic</i>			
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 (22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.
 (23) (Signature) *J. M. Moore*
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Physician Piedmont S.C.

Given name added from a supplemental report
Waltham, 1916
 Registrar
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mother)
 (27) Filed *Feb 1*, 1916 (28) *R. F. Phillips* 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.

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. McCaw, of Columbia.

MAY BE OBTAINED FROM THE STATE BOARD OF HEALTH, COLUMBIA, S. C.