

## (1) PLACE OF BIRTH

County of GreeneTownship of Trinidad

Inc. Town of .....

City of .....

(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

Registration District No. 3505

File No.—For State Registrar Only

29547

Registered No. 130

(For use of Local Registrar)

(2) Full Name of Child Jamie Ray Woods

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 12, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Allen Woods(9) PRESENT POSTOFFICE OF FATHER Westminster, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Day Laborer(20) Number of children born to mother, including present birth 1 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Lucy Earle(15) PRESENT POSTOFFICE OF MOTHER Westminster, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie Harris(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Westminster, S.C.

Given name added from a supplemental report

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

(27) Sept. 15, 1923 (28) L. D. Harris Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.