

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

45759

County of Mustee

Township of Kelleville

Inc. Town of Registration District No. 1104 Registered No. 4
(For use of Local Registrar)

City of (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 Cap. Woods } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Jan, 11, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Frazier Woods
(9) PRESENT POSTOFFICE OF FATHER Mustee S.C. Rt 2
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)
(12) BIRTHPLACE Chester S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Rose Franklin
(15) PRESENT POSTOFFICE OF MOTHER Mustee S.C. Rt. 2
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE Mustee Co.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 black A. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy Wright
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mustee S.C. Rt 2

Given name added from a supplemental report

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

(27) Filed Jan 28, 1916 (28) H. S. McDaniel 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.

*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.

N. P.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc., in question 5.

McCaw of Columbia

M. I

McCaw

MAILED, FURNISHED FOR FILING, WITH OFFICE OF THE CLERK OF THE COURT