CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
35524

(1) PLACE OF BIRTH

County of Marion

Township of Britton Neck
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 32.00 Registered No. 45
(For use of Local Registrar)

(2) Full Name of Child Jessie Lena Woodberry If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Sept 16 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Woodberry

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

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 three

MOTHER.

(14) NAME BEFORE MARRIAGE Florie Baskins

(15) PRESENT POSTOFFICE OF MOTHER Greshom S.C.

(16) COLOR OR RACE Col (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 two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Victoria Wright

(24) State whether Physician or Midwife "

(25) Address of Physician or Midwife Greshom, SC

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Sept 26 1922 (28) W. J. Hozier
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.

No. 3—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark 1, 2, etc., in question 5.
PRINTED HOLDS, No. 1, THE OTHER, No. 2, etc., in question 5.
McCAW OF COLUMBIA, COLUMBIA, S. C.