

MECHAN OF COLUMBIA, COLUMBIA S. C.
N. B.—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.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff
or
Inc. Town of Woodruff
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar

32165

Registration District No. 40-B

Registered No. 85
(For use of Local Registrar)

(2) Full Name of Child

Mary Elizabeth Langford

Sl.: Ward)
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
1

(6) Are Parents Married?
Yes

(7) DATE OF BIRTH
Sept 30 22
(Name of Month) (Day) (Year)

(8) FATHER'S FULL NAME
Max Langford

(9) PRESENT POSTOFFICE OF FATHER
Woodruff

(10) COLOR OR RACE
White

(11) AGE AT LAST BIRTHDAY
22
(Years)

(12) BIRTHPLACE
SC

(13) OCCUPATION
Manager Pressing Club

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

(14) MOTHER'S NAME BEFORE MARRIAGE
Helen Thetmestans

(15) PRESENT POSTOFFICE OF MOTHER
Woodruff

(16) COLOR OR RACE
White

(17) AGE AT LAST BIRTHDAY
22
(Years)

(18) BIRTHPLACE
SC

(19) OCCUPATION
House Keeping

(21) Number of children of this mother now living, including present birth
1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. G. Hoodruff

(24) State whether Physician or Midwife
Phys

(25) Address of Physician or Midwife
Woodruff

Given name added from a supplemental report

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

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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