

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 8.

Revised by Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Cherokee
Township of Sims
or
Inc. Town of Gaffney
or
City of Gaffney

(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
41450

Registration District No. 10A Registered No. 276
(For use of Local Registrar)
City Hospital (No. 6 St. 6 Ward 6)

(2) Full Name of Child William Franklin Wood If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? Single (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Baxter Wood
(9) PRESENT POSTOFFICE OF FATHER Gaffney SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)
(12) BIRTHPLACE Spaulding Co SC
(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Carine White
(15) PRESENT POSTOFFICE OF MOTHER Gaffney SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(18) BIRTHPLACE York Co SC
(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gaffney SC

Given name added from a supplemental report

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

(27) Filed Jan 10 1923 W. F. Smith 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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