

File No.—For State Registrar Only
19101

(1) PLACE OF BIRTH
County of Flurence

Township of Nease

INC. Town of

City of _____

Registration District No. 2013 Registered No. 7
(For use of Local Registrar)

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

2) Full Name of Child. Clarence Oswald Woodbury. } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 30</u> 19 <u>66</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME *Clarence O Woodley*

(10) PRESENT POST OFFICE OF FATHER *Poston, La*

(11) COLOR OR RACE *W.* (11) AGE AT LAST BIRTHDAY *23* (Years)

(12) BIRTHPLACE *La*

(13) OCCUPATION *Farmer*

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

MOTHER.

(14) NAME BEFORE MARRIAGE *Mattie Powell*

(15) PRESENT POSTOFFICE OF MOTHER *Poston La*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *22* (Years)

(18) BIRTHPLACE *La*

(19) OCCUPATION *Housewife*

(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 alive, at M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 191... (28) 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 reports desired of stillbirths before the birth of pregnancy.