

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**79304**

PLACE OF BIRTH  
County of *Spokane*  
Township of *Reynolds*

Registration District No. *4017* Registered No. *111*  
(For use of Local Registrar)

(No. *St.* Ward)  
If birth occurs in a hospital or other institution, give name of same instead of street and number.

Full Name of Child. *Louise Wood* If child is not yet named, make supplemental report as directed

SEX OR CHILD *Girl* (4) Twin or Triplet? *—* (5) Number in order of birth *3* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug. 24* 19*16*  
(Name of Month) (Day) (Year)

**FATHER.**  
FULL NAME *Brison Wood*  
PRESENT POSTOFFICE OF FATHER *Greer S.C.*  
COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *26* (Years)  
BIRTHPLACE *Spokane Co. S.C.*  
OCCUPATION *Farming*  
Number of children born to mother, including present birth *Three*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Viola Smith*  
(15) PRESENT POSTOFFICE OF MOTHER *Greer S.C.*  
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)  
(18) BIRTHPLACE *Greenville Co. S.C.*  
(19) OCCUPATION *House Work*  
(21) Number of children of this mother now living, including present birth *Three*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was *Alive* at *10 o'clock* (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) *H. K. Marchant*  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Greer S.C.*

Name added from a supplemental report  
191*6*  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed *Aug 24* 191*6* (28) *H. K. Marchant* 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.