

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown  
 Township of Ft. L.  
 or  
 Inc. Town of Andrew S.C.  
 or  
 City of .....

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

No. — For State Registrar Only  
**17698**

Registration District No. 2103 Registered No. 85  
 (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.)

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

(3) BOY OR GIRL <u>Male</u>	(4) Twin or Triplet To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Jun 12 1923</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Frank Butler Wood

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

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year)

(12) BIRTHPLACE Edgefield County S.C.

(13) OCCUPATION Switchman S.D. & Ry.

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ruby Agnes Brown

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Year)

(18) BIRTHPLACE Charleston County S.C.

(19) OCCUPATION Womestic

(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 3:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. B. Wood father

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Andrew S.C.

Given name added from a supplemental report

.....  
 19 .....

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

(27) Filed Jun 30 1923 (28) Herb Bailey 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 1.

Bureau of Columbia, Columbia, S. C.