

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

Form No. 1

(1) PLACE OF BIRTH

County of Georgetown
 Township of St. J.
 or
 Inc. Town of Andrews S.C.
 or
 City of _____

(No. _____ St. _____ Ward _____)
 (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
17698

Registration District No. 2103 Registered No. 85
 (For use of Local Registrar)

(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 answered only in case of Twin or Triplet	(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)
FATHER.			MOTHER.	
(8) FULL NAME <u>Frank Butler Wood</u>			(14) NAME BEFORE MARRIAGE <u>Ruby Agnes Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Andrews S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Andrews S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>Edgefield County S.C.</u>			(18) BIRTHPLACE <u>Charleston County S.C.</u>	
(13) OCCUPATION <u>Switchman S.D. & Ry.</u>			(19) OCCUPATION <u>Wounded</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 3 P. 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
Andrews S.C.

Given name added from a supplemental report

(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.