

### (1) PLACE OF BIRTH

STATE OF SOUTH CAROLINA

**Bureau of Vital Statistics**

**State Board of Health**

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

207

County of Harris

Township of Williams

81

Inc. Town of..... *Weymouth, Mass.*

City of \_\_\_\_\_

Registration District No. 38 Registered No. 3

Registered No. 5

(For use of Local Registrar)

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

**(2) Full Name of Child**

**If child is not yet named, make supplemental report as directed**

(2) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan 12, 23</i>
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## FATHER

(4) FULL NAME Charlie Woods

PRESENT POSTOFFICE OF FATHER *P. H. L.*

(10) COLOR OR RACE WHT. (11) AGE AT LAST BIRTHDAY 19

7/25 1975

(13) Occupation Self

Wick Driver

**CERTIFICATE OF ATTENDING**

(14) NAME BEFORE MARRIAGE *Flora R.*

(10) PRESENT POSTOFFICE *Princeton, N.J.*

(16) COLOR OR W (17) AGE AT LAST 18

(16) DATE 10/1/54 CONFIDENTIAL (Y)  
ENTRANCE

17th occupation

Samuel

(7) Number of children of this mother now living, including present birth 12

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was John at 2:00 P.M. on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Institution

Given name added from a supplemental report

(20) Witness .....  
(Signature of Witness) .....

Signature (without necessary only  
when question 22 is signed by mark)

(27) Filed Nov 6 1923 (28) Cherahan

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.