CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
5830

(1) PLACE OF BIRTH

County of Spty
Township of Woodruff
or
Inc. Town of
or
City of

Registration District No. 4009 Registered No. 11
(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 _____ (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl
(4) Twin or Triplet? —
(5) Number in order of birth: 2
To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH: June 7, 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Monroe Worthy	(14) NAME BEFORE MARRIAGE: Irene Corn
(9) PRESENT POSTOFFICE OF FATHER: Woodruff	(15) PRESENT POSTOFFICE OF MOTHER: Woodruff
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 16 (Years)
(12) BIRTHPLACE: Spty Co	(18) BIRTHPLACE: Hendersonville N.C.
(13) OCCUPATION: Farmer	(19) OCCUPATION: Domestic
(20) Number of children born to mother, including present birth: 1	(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 Alive (born alive or stillborn) at 2 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) O H McCord
(24) State whether Physician or Midwife: Phy
(25) Address of Physician or Midwife: Woodruff

Given name added from a supplemental report

19 ... Registrar

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

(27) Filed Feb 15 1922 (28) Chas L Boyter 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.

before the fifth month of pregnancy.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. 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 5.
McCAIN OF COLUMBIA, COLUMBIA, S. C.