

WRITE 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.

(1) PLACE OF BIRTH

County of Union  
Township of Union  
or  
Inc. Town of Union  
or  
City of Union (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  
**44851**

Registration District No. 42 A Registered No. 139  
(For use of Local Registrar)

(2) Full Name of Child. Elijah H. Woodruff Washburn If child is not yet named, make supplemental report as directed

(3) ~~BOY~~ OR GIRL?  BOY  GIRL  
(4) Twin or Triplet?  No  Yes  
To be answered only in event of twins or triplets  
(5) Number in order of birth 1  
(6) Are Parents Married? yes  
(7) DATE OF BIRTH Nov. 29, 1915  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME J. B. Washburn  
(9) PRESENT POSTOFFICE OF FATHER Union  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 46  
(Years)  
(12) BIRTHPLACE Reduka Ky  
(13) OCCUPATION Mechanic  
(20) Number of children born to mother, including present birth 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Grace Woodruff  
(15) PRESENT POSTOFFICE OF MOTHER Union  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36  
(Years)  
(18) BIRTHPLACE Croft N.C.  
(19) OCCUPATION None  
(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 at 10 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) J. B. McCalister  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife \_\_\_\_\_

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 11, 1915 (28) D. G. Surratt  
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.

REGISTRAR  
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N. B. McCraw, of Columbia