

(1) PLACE OF BIRTH

County of UnionTownship of UnionInc. Town of Union
or
City of Union

(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 Elizabeth H. Woodruff Washburn If child is not yet named, make supplemental report as directed

(3) SEX OR GIRL?

(4) Twin or Triplet?

(To be answered only in event of twins or triplets)

(5) Number in order of birth

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 26 (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. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Washburn
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 11 1915 (28) D. G. Sarratt 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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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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

N. B. McCaw, of Columbia

N. B. McCaw