

MARGEN RESERVED FOR BINDING.
 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		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 86144
County of <u>Jasper</u>				
Township of <u>Boosawhatchee</u>				
or Inc. Town of		Registration District No. <u>2600</u> Registered No. <u>47</u> (For use of Local Registrar)		
or City of		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 <u>Woods</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 7, 1916</u> (Name of Month) (Day) (Year)
FATHER.				
(8) FULL NAME <u>Marion Woods</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Ridgeland, S.C.</u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			
(12) BIRTHPLACE <u>S.C.</u>				
(13) OCCUPATION <u>Farmer</u>				
(20) Number of children born to mother, including present birth <u>1</u>				
MOTHER.				
(14) NAME BEFORE MARRIAGE <u>Esther Malphrus</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Ridgeland, S.C.</u>				
(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)			
(18) BIRTHPLACE <u>S.C.</u>				
(19) OCCUPATION <u>Housewife</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 <u>born alive</u> at <u>7 P.M.</u> on the date above stated. (Hour, A.M. or P.M.)				
(23) (Signature) <u>W. H. M. M.</u>		(25) Address of Physician or Midwife <u>Ridgeland, S.C.</u>		
(24) State whether Physician or Midwife <u>Physician</u>				
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....		(27) Filed <u>10/10/1916</u> (28) <u>L. M. M. M.</u> Local Registrar		
..... 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.