

1 (1) PLACE OF BIRTH

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County of Spencer

Township of Philston

or

Inc. Town of.....

or

City of

(if birth occurs in a hospital or

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

5357

Registration District No. 4107 Registered No. 1
(For use of Local Registrar)

City of (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 Alan F. Woodward If child is not yet named, make supplemental report as directed

2) BOY OR GIRL <i>Girl</i>	4) Title <i>two</i>	5) Number in order of birth <i>2</i>	6) Are Parents Married? <i>Yes</i>	7) DATE OF BIRTH <i>Feb 2</i> 19 <i>72</i> (Name of Month) (Day) (Year)
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FATHER

9) FULL NAME *Tommy Fairwood*

9) PRESENT POSTOFFICE OF FATHER *Lynchburg, Va.*

10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *21* (Years)

12) BIRTHPLACE *San Mateo, Ca*

13) OCCUPATION *Farming*

20) Number of children born to mother. (Indicate amount born) *2*

MOTHER

(14) NAME BEST MARRIAGE Marie Bell Lane

(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, Va.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Sumter Co

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at St. Louis, Mo.
on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.

(S) (Signature)

(24) **State or other Physician or Midwife**

(25) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness
(Signature of Witness necessary only
when question 23 is signed by work)

(27) Filed 2-10-18 vs. S.M. Evans... 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.