

FORM NO. 4
MARGIN RESERVED FOR BINDING.
WHILE 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		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA, Bureau of Vital Statistics State Board of Health		77321	
Township of <u>Greenville</u>		Registration District, No. <u>2709</u>		Registered No. <u>478</u>	
Inc. Town or <u>Woodville</u>		No. <u>11 N 10th</u>		(For use of Local Registrar)	
City of <u>Greenville</u>		St. <u>11 N 10th</u>		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>David Arthur Wood</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>9 12 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Forest Wood</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Shipworth</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C. 11 N. 10th St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C. 11 N. 10th St.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Charleston S.C.</u>			(18) BIRTHPLACE <u>Charleston S.C.</u>		
(13) OCCUPATION <u>Wreck operator</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>12:00 P.</u> (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>[Signature]</u>			(25) Address of Physician or Midwife <u>Greenville 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>OCT 16 1916</u> (28) <u>A. H. Mearns</u> Local Registrar		
Registral					

*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.

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