

(1) PLACE OF BIRTH

County of Spartanburg
Township of Princeton
or
Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—for State Registrar Only
30340

Registration District No 4.104 Registered No. 83
(For use of Local Registrar)

City of

(2) Full Name of Child Franklin Leon (if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OF CHILD Boy (4) Twin or Triplet (5) Number in order of birth 1 (6) Age of parent yes (7) DATE OF BIRTH Sept 10, 1923
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Wilson Wood
(9) PRESENT POSTOFFICE OF FATHER Greenville
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth Six

MOTHER.
(14) NAME BEFORE MARRIAGE Daisy Addings
(15) PRESENT POSTOFFICE OF MOTHER Greenville
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Al. W. W. on the date above stated. (Born alive or stillborn) (Sex M. or F. M.)

(22) (Signature) Mrs. Margaret Osburn
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Greenville

Witness Thomas L. G. G. G. (Signature of Witness necessary only when question 23 is signed by mark)
(25) Filed Sept 20, 1923 (26) J. J. J. Local Registrar

*When there was no attending physician or midwife, then the father, householders, 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.

Sab