

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Lyons  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**15352**

Registration District No. 2-708 Registered No. 446  
 (For use of Local Registrar)

(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 Adrian Lee Woodbury If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? ✓ (5) Number in order of birth ✓ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 26, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Woodbury  
 (9) PRESENT POSTOFFICE OF FATHER Tabor, N.C. R.D.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (12) BIRTHPLACE Marion Co., N.C.  
 (13) OCCUPATION Farming  
 (20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Reggie Bethel Jane Herrellson  
 (15) PRESENT POSTOFFICE OF MOTHER Tabor N.C. R.D.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE Horry County, N.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6:05 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. F. Howard

(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 Jan. 12, 1922 (28) S. S. Williams 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.

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