

MARGIN RESERVED FOR BIRTH RECORD.

NOTE NO. 10. 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. McCaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**  
 County of Marlboro STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Bennettsville State Board of Health

or  
 Inc. Town of ..... Registration District No. 3301 Registered No. 7  
 or  
 City of ..... (No. .... St.: ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**46872**

(2) Full Name of Child Castle Lee Wood } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>no</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 2/26</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Rattan Wood</u>	(14) NAME BEFORE MARRIAGE <u>Eleanor Woods</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Bennettsville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bennettsville</u>			
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Marlboro Co SC</u>	(18) BIRTHPLACE <u>Marlboro Co SC</u>			
(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>wife</u>			
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>			

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 4:29 p.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Bennettsville SC

(26) Witness [Signature]  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 27 1914 (28) W. W. Pate  
 Registrar 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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