

Form No. 1

## (1) PLACE OF BIRTH

County of Fairfield  
 or  
 Inc. Town of.....  
 or  
 City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

38225

Registration District No. 1908Registered No. 624  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Fannie Mae Woods

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Sept. 26, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Alennis Woods

(9) PRESENT POSTOFFICE OF FATHER

Winnabow SC

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY

26  
(Years)

(12) BIRTHPLACE

near Winnabow

(13) OCCUPATION

Farming

(20) Number of children born to mother, including present birth

7

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Greene

(15) PRESENT POSTOFFICE OF MOTHER

Winnabow

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(18) BIRTHPLACE

near Rockledge

(19) OCCUPATION

Farming

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

7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was above at 6 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Abbie Latta

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

Winnabow, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov. 28, 1922

(28) 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
 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.