

(1) PLACE OF BIRTH

County of Beaufort
 Township of Sheldon
 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
12975

Registration District No. 13-0

Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Mortie Caracius Woods

If child is not yet named, make supplemental report as directed

3. SEX OF CHILD <u>Male</u>	4. Twins or Triplets To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married <u>Yes</u>	7. DATE OF BIRTH <u>5/24</u> 19 <u>28</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>Jasper Woods</u>			14. NAME BEFORE MARRIAGE <u>Ernie Arline Sloman</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Hurston, SC</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Hurston SC</u>	
10. COLOR OR RACE <u>White</u>			17. AGE AT LAST BIRTHDAY <u>21</u>	
12. BIRTHPLACE <u>South Cr</u>			18. BIRTHPLACE <u>South Cr</u>	
13. OCCUPATION <u>Merchant</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>One</u>			21. Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M. on the date above stated. (Hour of birth or P. M.)

(23) (Signature)
J. P. Johnston

(24) State whether Physician or Midwife
Physician

(25) Address of Physi. or Midwife
Hurston SC

Given name added from a supplemental report

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

(27) Filed 19 (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.

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.