

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Laurens*

Inc. Town of

City of

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

(2) Full Name of Child *Donald Lee Woodruff* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov. 30* 191*4*

To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Donald Lee Woodruff*(9) PRESENT POSTOFFICE OF FATHER *Laurens, S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *31* (Years)(12) BIRTHPLACE *Laurens, S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Five*

MOTHER.

(14) NAME BEFORE MARRIAGE *Louise Bradley*(15) PRESENT POSTOFFICE OF MOTHER *Laurens, S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *24* (Years)(18) BIRTHPLACE *Spartanburg*(19) OCCUPATION *Housekeeping*(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* at *Laurens* (Hour A. M. or P. M.) *4* on the date above stated.(23) (Signature) *Charles X. McCall*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Laurens, S.C.*

Given name added from a supplemental report

191....

Registrar

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

(27) Filed *4-2-1914* (28) *B. H. G. Jones* 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.

fifth month of pregnancy.

(copy from original in pencil.)

FORM NO. 10.
 WHEN PLACED IN A PLACER, THIS IS A PLACER FOR RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND UNDER THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 2.

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

File No.—For State Registrar Only
 53927

Registration District No. *107* Registered No. *27*
 (For use of Local Registrar)

City of St.: Ward:
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