

MARGIN RESERVED FOR BINDING.

FORM NO. 1

NOTE: 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.

McGraw-Hill of Columbia

<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only  <div style="font-size: 1.5em; font-weight: bold;">496      73</div>
(1) PLACE OF BIRTH County of <u>Charleston</u> Township of _____ or Inc. or Town of _____ or City of <u>Charleston</u> No. <u>23 Kennedy</u> 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 <u>Baby Woodson</u> If child is not yet named, make supplemental report as directed.		

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Jan 14 22</u>	(8) Name of Month (Day) (Year)
FATHER.			MOTHER.		
(9) FULL NAME <u>Jessie Woodson</u>			(14) NAME BEFORE MARRIAGE <u>Paula Rudolf</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Charleston</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston</u>		
(11) COLOR OR RACE <u>Col.</u>		(12) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Col.</u>		(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(13) BIRTHPLACE <u>Charleston</u>			(18) BIRTHPLACE <u>Charleston</u>		
(19) OCCUPATION <u>Laborer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		

<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</b>	
(22) I hereby certify that I attended the birth of this child, who was _____ (Born alive or stillborn) on the date above stated.	
(23) (Signature) <u>[Signature]</u>	(25) Address of Physician or Midwife <u>Robert Hospital</u>
(24) State whether _____	

Given name added from a supplemental report _____	(26) Witness _____ (Signature of Witness necessary only when question 23 is signed)
(27) Filed <u>1-16-1922</u> at _____ 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.