

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.

MEANS OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH				File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA				43799	
Bureau of Vital Statistics					
State Board of Health					
(1) PLACE OF BIRTH					
County of <u>Newberry</u>					
Township of <u>1</u>					
Inc. Town of <u>Newberry S. C.</u>					
City of <u>Newberry S. C.</u>					
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
Registration District No. <u>34</u>				Registered No. <u>191</u>	
				(For use of Local Registrar)	
(2) Full Name of Child <u>Benjamin Franklin Woodward</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1.2.23</u> <u>1922</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Benjamin Franklin Woodward</u>			(14) NAME BEFORE MARRIAGE <u>Sallie Rebecca Ellis</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Newberry S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Newberry S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>34</u>			(17) AGE AT LAST BIRTHDAY <u>24</u>		
(12) BIRTHPLACE <u>Newberry Co. S. C.</u>			(18) BIRTHPLACE <u>Newberry Co. S. C.</u>		
(13) OCCUPATION <u>Mill Man</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>S. P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Dr. E. Lake</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Newberry S. C.</u>					
Given name added from a supplemental report.					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 4</u> <u>1923</u> (28) <u>B. Cunningham</u> 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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