

(1) PLACE OF BIRTH

County of *Sp. Johnston*

Township of *Glenn Springs*

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

91865

Registration District No. *4008* Registered No. *109*

(For use of Local Registrar)

(2) Full Name of Child. *Carrin Lenora Wofford* if child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet? <i>No.</i>	(5) Number in order of birth <i>1</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Dec. 28 1916</i>
<small>To be answered only in event of Twins or Triplets</small>				<small>(Name of Month) (Day) (Year)</small>

FATHER.

(8) FULL NAME *Elmer Wofford*

(9) PRESENT POSTOFFICE OF FATHER *Pauline 2*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *26* (Years)

(12) BIRTHPLACE *A. C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Emma Farm*

(15) PRESENT POSTOFFICE OF MOTHER *Pauline 2*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *23* (Years)

(18) BIRTHPLACE *A. C.*

(19) OCCUPATION *Domestic*

(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *11 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *D. J. Smith M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Phys - Glenn Springs*

Given name added from a supplemental report

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Registrar

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

(27) Filed *Dec 30 1916* (28) *J. C. White* Local Registrar

*When there was no attending physician or midwife, then the father, household, 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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N. McCraw, of Columbia. 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.