

## (1) PLACE OF BIRTH

County of .....

Township of .....

City or Town of .....

or

City of Charleston

(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

16909

Registration District No. 9 A Registered No. 768

(For use of Local Registrar)

(No. 5811 King (St.) 11 Ward)

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

Full Name of Child Dorothy Altrude Woodard If child is not yet named, make supplemental report as directed

BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1st

(6) Are Parents Married?

Yes

(7) DATE

Feb123

(Name of Month) (Day) (Year)

## FATHER.

FULL NAME

Charles Labor Woodard

PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21

(Years)

BIRTHPLACE

Eastover, S.C.

OCCUPATION

Machinist

Number of children born to mother, including present birth

Two

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Emma Porter Muller

(15) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Wife

(20) Number of children of this mother now living, including present birth

Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

I hereby certify that I attended the birth of this child, who was born alive 2:35 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(22) (Signature)

J. P. Henderson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

PhysicianCharleston, S.C.

Name added from a supplemental report

(25) Witness

(Signature of Witness necessary when question 22 is signed by Registrar)

(27) Filed

6/21/23for record

Local Registrar

Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

JUL 3 1948

LEON HARRIS  
REGISTRAR

S. A. F. E. T. Y. A. L. M.