

Form No. 1.

(1) PLACE OF BIRTH

County of Williamsburg

Township of King

or Inc. Town of King

or City of King

(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

644920

Registration District No. 4 Registered No.

(For use of Local Registrar)

St.: Ward

(2) Full Name of Child Pearl Woodr

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH 7/7 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eriger Woodr

(9) PRESENT POSTOFFICE OF FATHER Kingstons

(10) COLOR OR RACE Chol (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE B. Woodcross Road

(13) OCCUPATION Homem

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Calhoun

(15) PRESENT POSTOFFICE OF MOTHER Kingstons

(16) COLOR OR RACE Chol (17) AGE AT LAST BIRTHDAY 33 (Years)

(18) BIRTHPLACE B. Woodcross Road

(19) OCCUPATION Homem

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) M. L. McCall

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/7 1916 (28) 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.

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. M. 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.