

## (1) PLACE OF BIRTH

County of AndersonTownship of Savannah

Inc. Town of .....

City of .....

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

## (2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 311 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 11 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ernest Wood(9) PRESENT POSTOFFICE OF FATHER Heard St.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32  
(Year)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Lena McCord(15) PRESENT POSTOFFICE OF MOTHER Heard St.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE Fanning S. C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)(23) (Signature) Lizzie B. O'Brien(24) State whether Physician or Midwife (25) Address of Physician or Midwife Heard St.

Given name added from a supplemental report

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

(27) Filed Nov 10 1923 (28) Margie Jones Local Registrar

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

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