

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of IrthronInc. Town of PelzerCity of Pelzer

(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

Registration District No. 78 Registered No. 187

(For use of Local Registrar)

(2) Full Name of Child Samuel Leche Woods (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> To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Age at birth <u>Days</u>	7) DATE OF BIRTH <u>Dec 23 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Robert Woods</u>			14) NAME BEFORE MARRIAGE <u>Edith Leche</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Pelzer SC</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Pelzer SC</u>	
10) COLOR OR RACE <u>White</u>			16) COLOR OR RACE <u>White</u>	
11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12) BIRTHPLACE <u>SC</u>			18) BIRTHPLACE <u>SC</u>	
13) OCCUPATION <u>mill work</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Days alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. T. Morton(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 5 1924(28) Local Registrar M. T. Morton

*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.