(1) PLACE OF BIRTH

County of Barnwell

Township of Woodruff

or

Inc. Town of Woodruff

or

City of ..... (No. ..... St.; ..... Ward)

(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
29234

Registration District No. H.C.13. Registered No. 41
(For use of Local Reistrar)

(2) Full Name of Child. William Franklin Langford

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

(3) BOY OR ~~GIRL~~?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	Aug. 6, 1913 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: Wm Langford	(14) NAME BEFORE MARRIAGE: Pearl McCabe
(9) PRESENT POSTOFFICE OF FATHER: Woodruff SC	(15) PRESENT POSTOFFICE OF MOTHER: Woodruff SC
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 23 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 22 (Years)
(12) BIRTHPLACE: Barnwell County	(18) BIRTHPLACE: Barnwell County
(13) OCCUPATION: Farmer	(19) OCCUPATION: Home Keeper
(20) Number of children born to mother, including present birth: 1	(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 alive at 9 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. B. [illegible]

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Woodruff SC

Given name added from a supplemental report

....., 191....

Registrar

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

(27) Filed Aug 11 1913 (28) Chas. L. Poyner
Local 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.

Registrar (27) Filed ..... (28) ..... Local 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 THROUGHOUT FOR BINDING.
FIRST-BORN, No. 1. THIRD OTHER, No. 2, etc., in case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the MARGIN THROUGHOUT FOR BINDING. THIS IS A PERMANENT RECORD.

BOOK NO. 3 N. B.— McCaw, of Columbia.