

## (1) PLACE OF BIRTH

County of Cathlamet  
 Township of Cone Grove  
 OR  
 Inc. Town of Cone Starve  
 OR  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**63332**

Registration District No. 803 Registered No. 43  
 (For use of Local Registrar)

(2) Full Name of Child Adeline Goodwine { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>5-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16, 1916</u>
FATHER.				MOTHER.
(8) FULL NAME <u>Meyers Goodwine</u>				(14) NAME BEFORE MARRIAGE <u>Maggie Williams</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Fort Motte S.C.</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Fort Motte S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>35</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	
(12) BIRTHPLACE <u>Fort Motte S.C.</u>				(18) BIRTHPLACE <u>Fort Motte S.C.</u>
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Wife</u>
(20) Number of children born to mother, including present birth <u>5-</u>				(21) Number of children of this mother now living, including present birth <u>5-</u>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at .....  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) 6 a.m.

(23) (Signature) Daisy Buggaman

(24) State whether Physician or midwife (25) Address of Physician or Midwife  
Midwife of Fort Motte S.C.

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

(27) Filed June 20, 1916 (28) J. D. Stordennire  
 Registrar 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.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.