

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.

(1) PLACE OF BIRTH

County of Calhoun
 Township of One Grove
 or
 Inc. Town of One Star
 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> <small>(To be answered only in case of twins or triplets)</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 16</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> <small>(Years)</small>	
(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.)

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

Given name added from a supplemental report

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

(27) Filed June 20 1916 (28) J. D. Stendermire
 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.