

(1) PLACE OF BIRTH

County of Norfolk
 Municipality of Bedford
 or
 No. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
33111

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

(No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Clayton Everett Goodbold (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u> To be entered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 16, 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) NAME BEFORE MARRIAGE <u>Bedford Monroe Goodbold</u>		(14) NAME BEFORE MARRIAGE <u>Frances Anna Price</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Norfolk, C. Royster</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Norfolk, C. Royster</u>		
(10) COLOR OR RACE <u>White</u>		(16) AGE AT LAST BIRTHDAY <u>27</u> (Year)		
(11) BIRTHPLACE <u>Norfolk, Va.</u>		(17) AGE AT LAST BIRTHDAY <u>17</u> (Year)		
(12) OCCUPATION <u>Farmer</u>		(18) BIRTHPLACE <u>Norfolk, Va.</u>		
(13) Number of children born to mother, including present birth <u>1</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children of this mother now living, including present birth <u>1</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 1? M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature)
 (23) State whether Physician or Midwife
 (24) Address of Physician or Midwife

Give name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (26) Filed Nov 8, 1923 (27) 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.

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.