

# CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

County of Horry

Township of Laguna

inc. Town of or

City of or

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

43265

Registration District No. 2504 Registered No. 52

(For use of Local Registrar)

2) Full Name of Child Mary Elizabeth Goff child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 28 (8) (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(9) FULL NAME Samuel James Goff

(14) NAME BEFORE MARRIAGE Lillian May Broughton

(10) PRESENT POSTOFFICE OF FATHER Northonville

(15) PRESENT POSTOFFICE OF MOTHER Northonville

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 23 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Northonville, SC

(18) BIRTHPLACE Northonville, SC

(13) OCCUPATION Housewife

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth One

(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 109 M., on the date above stated. (If stillborn, state date of stillbirth, hour A. M. or P. M.)

(23) (Signature) E. E. Goff

(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Northonville, SC

Given name added from a supplemental report

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

(27) Filed 1799 (28) W. J. Goff 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.

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MARGIN RESERVED FOR PRINTING. THIS IS A PERMANENT RECORD. WHEN PLAINED, WITH ENLARGING INK—THIS IS A PERMANENT RECORD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.