

(1) PLACE OF BIRTH

County of Horry

Township of Lagunas Neck

inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43265

Registration District No. 7504 Registered No. 52

(For use of Local Registrar)

Sl.: Ward

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

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 (Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Samuel James Goff

(14) NAME BEFORE MARRIAGE Latter Mary Brewster

(9) PRESENT POSTOFFICE OF FATHER Northonville

(15) PRESENT POSTOFFICE OF MOTHER Northonville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 73 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 79 (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 Northonville on the date above stated. (If stillborn, state date and hour A. M. or P. M.)

(23) (Signature) E. E. Goff

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

Given name added from a supplemental report

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

(27) Filed 179 (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 INDEXING. WHEN OBTAINED, WITH READING TAB—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.