

(3) PLACE OF BIRTH

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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31356

Registration District No. 34

Registered No. 121

(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.)

Full Name of Child Helen Golden

If child is not yet named, make supplemental report as directed

SEX OF CHILD

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

FATHER.

Full Name John Golden

Present Postoffice of Father Newberry S.C.

Color or Race Black (11) AGE AT LAST BIRTHDAY 30 (Years)

Birthplace Newberry Co. S.C.

Occupation Rail Road Laborer

Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Anderson

(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Newberry Co. S.C.

(19) OCCUPATION Housework Laundry

(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2) I hereby certify that I attended the birth of this child, who was Alive at 3 ..... A.M., or the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Francis Anderson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Newberry S.C.(26) Witness S. S. Garrison

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 7 1912 (28) S. S. Garrison Local Registrar

Given name added from a supplemental report

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Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

before the fifth month of pregnancy.