

## (1) PLACE OF BIRTH

County of

Chester

Township of

Roseville

Inc. Town of

City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

752

Registration District No. 1101

Registered No. 4

(For use of Local Registrar)

No. (If child is not yet named, make supplemental report as directed)

## 2) Full Name of Child

(1) SEX OR GENDER

Boy

(4) Twin or Triplet?

to be answered only in case of twin or triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan. 5

1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

L. Victor Goffrey

(9) PRESENT POSTOFFICE OF FATHER

Great Falls

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Cherokee Co.

(13) OCCUPATION

Mill work

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

1.5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lizzie Carter

(15) PRESENT POSTOFFICE OF MOTHER

Great Falls

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

Durke Co. N.C.

(19) OCCUPATION

Domestic

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

1.4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Great Falls, N.C.

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 25 is signed by mother)

(27) Filed

11.9.1922

Registrar

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, as 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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NOTE NO. 7 MARCH RESERVED FOR BIRTHS OF CHILDREN PLACED IN A PERMANENT HOME

IN CASE OF CHILDREN PLACED IN A PERMANENT HOME, SEPARATE BLANKS FOR EACH CHILD, AND MARK

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