

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenville

or

Inc. Town of

or

City of

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

(2) Full Name of Child

Eva Nellie Goodlett

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No.

(7) DATE OF

BIRTH

Feb. 27, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Unknown

(9) PRESENT POSTOFFICE OF FATHER

"

(10) COLOR OR RACE

"

(11) AGE AT LAST BIRTHDAY

"

(Year)

(12) BIRTHPLACE

"

(13) OCCUPATION

"

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

6

MOTHER.

(14) NAME BEFORE MARRIAGE

Eva Goodlett

(15) PRESENT POSTOFFICE OF MOTHER

Greenville, S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Cotton Mill Off.

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M. on the date above stated. (Born alive or stillborn Hour M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Greenville, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed in mark)

(27) Filed

Feb. 27, 1922

(28)

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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