CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
17724

(1) PLACE OF BIRTH

County of Calhoun

Township of .....
or
Inc. Town of St. Matthews
or
City of .....

Registration District No. 8.A. Registered No. 25
(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.)

(2) Full Name of Child Joah Govan

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
boy			yes	June 9 1922

(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Simon Govan

(9) PRESENT POSTOFFICE OF FATHER St. Matthews

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farm Work

(22) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Idell Govan

(15) PRESENT POSTOFFICE OF MOTHER St. Matthews

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION Farm Work

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Lydia X Grigsby

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: St. Matthews

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness A. R. Aber
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed June 16 1922 (28) R. R. Aber
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.

MODEL OF COLUMBIA, COLUMBIA, S. C.

N. B.—In case of twins, triplets, etc., the particulars required by questions 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28 must be given for each child. Use additional blanks if necessary.