

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Centervilleor
Inc. Town of.....or
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

No. 11861

11861

Registration District No. 2-9-01 Registered No. 12

(For use of Local Registrar)

(2) Full Name of Child

J. D. Goff

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>6</u>	(6) Age of mother <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25 1923</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Geo M Goff</u>	(14) NAME BEFORE MARRIAGE <u>Erie Wilson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lykesburg S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lykesburg S.C.</u>		
(10) COLOR OF FATHER <u>White</u>	(16) COLOR OF MOTHER <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>		
(12) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Domestic</u>		
(19) Number of children born to mother, including present birth <u>6</u>	(20) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... Alive... at 2:9 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) L. H. Goff

(23) State whether Physician or Midwife

(24) Signature of Physician or Midwife Bladen S.C.

Given name added from a supplemental report

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

(26) Filed Feb 25 1923 (27) Local Registrar

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

Form No. 1. THIS OTHER, No. 2, etc., in question 1.