CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3329

(1) PLACE OF BIRTH
County of Calhoun
Township of Pine Grove
or
Inc. Town of Sovo Sta SC Registration District No. 813
Registered No. 17
(For use of Local Registrar)
or
City of ..... (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 Arthur Goodwin (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)
	To be answered only in event of Twins or Triplets	4	Yes	July	4	1912

FATHER	MOTHER
(8) FULL NAME: Myers Goodwin	(14) NAME BEFORE MARRIAGE: Elnora Wright
(9) PRESENT POSTOFFICE OF FATHER: F t Motte SC.	(15) PRESENT POSTOFFICE OF MOTHER: F t Motte SC
(10) COLOR OR RACE: Negro	(11) AGE AT LAST BIRTHDAY: 35 (Years)
(16) COLOR OR RACE: Negro	(17) AGE AT LAST BIRTHDAY: 25 (Years)
(12) BIRTHPLACE: SC	(18) BIRTHPLACE: SC.
(13) OCCUPATION: Farmer	(19) OCCUPATION: Wife
(20) Number of children born to mother, including present birth: 4	(21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Rachel Wright
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife F t Motte SC

Given name added from supplemental report ..... 19..... Registrar

(26) Witness Mrs J D Truesdale (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 10 1912 (28) J D Truesdale 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.

(Approved by the Bureau of the Census, Department of Commerce and Labor, and the Committee on Uniform Vital Statistics, National Association of Public Health Officials.)