

(1) PLACE OF BIRTH

County of ColletonTownship of Brooklynor
Inc. Town ofor
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

17295

Registration District No. 1403 Registered No. 246
(For use of Local Registrar)(2) Full Name of Child Lemoir Godley

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

(a) SEX OR GUILD Girl (b) Type or Triplet 1 (c) Number in order of birth one (d) Are Parents Married yes (e) DATE OF BIRTH June 24, 23
(Type of Month) (Day) (Year)

FATHER

(a) FULL NAME Ed Godley(b) PRESENT POSTOFFICE OF FATHER Islandton S.C.(c) COLOR OR RACE white (d) AGE AT LAST BIRTHDAY 20
(Year)(e) BIRTHPLACE Islandton S.C.(f) OCCUPATION Farmer(g) Number of children born to mother, including present birth One

MOTHER

(a) NAME BEFORE MARRIAGE Jyda L. Lemoir(b) PRESENT POSTOFFICE OF MOTHER Islandton S.C.(c) COLOR OR RACE white (d) AGE AT LAST BIRTHDAY 17
(Year)(e) BIRTHPLACE Islandton S.C.(f) OCCUPATION House wife(g) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Born alive or stillborn (Born alive or stillborn) (Born A. M. or P. M.)
on the date above stated.(24) (Signature) Mrs. Wm. L. Lemoir (25) Address of Physician or Midwife Sarah Jones

Give name added from a supplemental report

(26) Witness Oliver Polk
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 2, 23 (28) John L. Lemoir 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.