

(1) PLACE OF BIRTH

County of MarionTownship of Marion

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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12021

Registration District No. 37.03Registered No. 18

(For use of Local Registrar)

(No. _____)

St.; _____

Ward) _____

(2) Full Name of Child Frank G. Goffelt

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

(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 Yes(7) DATE OF BIRTH Feb. 15, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John G. Goffelt(9) PRESENT POSTOFFICE OF FATHER Marion S. #4(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 49

(Years)

(12) BIRTHPLACE Marion S.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Williams(15) PRESENT POSTOFFICE OF MOTHER Marion S. #4(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 31

(Years)

(18) BIRTHPLACE Georgetown County(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(Born alive or stillborn)

(Hour A. M. or P. M.) 5:20 A. M.(23) (Signature) Marion S. #4

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Marion S. #4

Given name added from a supplemental report

(26) Witness

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

(27) Filed May 10, 1922(28) Local Registrar Domestic

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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WRITING PLAINLY, WITH UNFADING INK—FILL IN A REGULAR PRINT—RECORD THE DATE OF BIRTH, AND MARK THE SEX OF CHILD, AND MARK THE SEX OF CHILD, AND MARK THE SEX OF CHILD.

Bureau of Census, Division of Statistics, U. S. DEPARTMENT OF COMMERCE