

(1) PLACE OF BIRTH

County of Spartanburg
 Township of U
 or
 Inc. Town of U
 or
 City of U

CERTIFICATE OF BIRTH

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

No. 5193

Registration District No. 40 or Registered No. 69
 (For use of Local Registrar)
 (No. 107 Williams St.) 6 Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Laurie Boyd Goolsby

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

(1) SEX OR GENDER Male (2) Type or Figure 1 (3) Number in order of birth 1 (4) Age 4 (5) Date of Birth Feb 20 1923
 (If in answer only in case of Type or Figure) (Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME J. H. Goolsby
 (7) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.

(8) COLOR OR RACE W. (9) AGE AT LAST BIRTHDAY 42
 (Year)

(10) BIRTHPLACE La.

(11) OCCUPATION Car Inspector

(12) Number of children born to mother, including present birth 1

MOTHER.

(13) NAME BEFORE MARRIAGE Marie Bevil

(14) PRESENT POSTOFFICE OF MOTHER Spartanburg

(15) COLOR OR RACE W (16) AGE AT LAST BIRTHDAY 36
 (Year)

(17) BIRTHPLACE Union Co., S.C.

(18) OCCUPATION at Home

(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) A. R. Fike (22) State whether Physician or Midwife Phys (23) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report

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

(25) Signed 3-1-23 Jas. Copps 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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