

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
County of Dillon  
Township of .....  
or  
Inc. Town of Dillon  
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  
**42052**

Registration District No. 11-A Registered No. 61  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Fannie Goddy { If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec 25 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>H. B. Goddy</u>			14) NAME BEFORE MARRIAGE <u>Fannie McCarnock</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Dillon S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Dillon S.C.</u>	
10) COLOR OR RACE <u>white</u>			16) COLOR OR RACE <u>white</u>	
11) AGE AT LAST BIRTHDAY <u>30</u> (Years)			17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
12) BIRTHPLACE <u>S.C.</u>			18) BIRTHPLACE <u>N.C.</u>	
13) OCCUPATION <u>oil &amp; gasoline distributor</u>			19) OCCUPATION <u>Housewife</u>	
20) Number of children born to mother, including present birth <u>3</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 A. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. W. McChesney  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dillon S.C.

Given name added from a supplemental report

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

(27) Filed Dec 27 1922 (28) B. J. Williams  
Registrar 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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