

## (1) PLACE OF BIRTH

County of Marion

Township of .....

or Inc. Town of Sellers

or City of .....

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

(2) Full Name of Child Ira Godbold 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>1-5-22</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Thos. Godbold</u>	(14) NAME BEFORE MARRIAGE <u>Malhi Turner</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Sellers</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Sellers So</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>36</u>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>16</u>
(12) BIRTHPLACE <u>Marion Co</u>	(18) BIRTHPLACE <u>Sellers Co</u>	(13) OCCUPATION <u>Saw Milling</u>	(19) OCCUPATION <u>Wife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:24 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) F. H. Godbold (24) State whether Physician or Midwife Physician (25) Signature of Physician or Midwife F. H. Godbold

Given name added from a supplemental report

1-5-22  
1-5-22  
 19  
 Registrar

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

(27) Filed 3/20 1922 (28) W. L. Rogers 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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MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1; THE OTHER, No. 2, etc., in question 5.

Form 50

MCGRAW HILL, COLUMBIA, S. C.