

Form No. 1

(1) PLACE OF BIRTH

County of Charleston  
 Township of White Bluff  
 Inc. Town of .....  
 City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

3260 20

Registration District No. 901 Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child Allen Goodwater If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) TIME OF BIRTH 11:30 (5) NUMBER IN ORDER OF BIRTH 1 (6) AGE OF MOTHER 28 (7) DATE OF BIRTH May 22, 1922  
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Charles Goodwater  
 (9) PRESENT RESIDENCE OF FATHER 112 Pleasant St.  
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 28  
 (12) BIRTHPLACE Charleston, S.C.  
 (13) OCCUPATION Carpenter  
 (14) Number of children born to mother, including present birth 11

MOTHER  
 (14) NAME BEFORE MARRIAGE Nellie L. L. L.  
 (15) PRESENT RESIDENCE OF MOTHER 112 Pleasant St.  
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 28  
 (18) BIRTHPLACE Charleston, S.C.  
 (19) OCCUPATION Farmer  
 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was ..... on the date above stated.

(22) (Signature) Charlotte Frank (23) Date May 22, 1922 (24) State South Carolina (25) Signature of Physician or Midwife Allen Goodwater

Given under oath before a competent official

(26) Witness ..... (27) Filed May 22, 1922 (28) Local Registrar Allen Goodwater

When taken by a practicing physician or midwife, this certificate, however, on child's birth, is a valid record even if not reported to the Bureau. No report is required if the child is stillborn or if the mother is deceased.