

Form No. 1

## (1) PLACE OF BIRTH

County of Newberry  
 Township of 11  
 or  
 Inc. Town of  
 or  
 City of

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43821

Registration District No. 3404 Registered No. 77  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? boy (4) Twin twins or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Oct 11 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Stout Goree  
 (9) PRESENT POSTOFFICE OF FATHER  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY (Years)  
 (12) BIRTHPLACE  
 (13) OCCUPATION  
 (20) Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Rice  
 (15) PRESENT POSTOFFICE OF MOTHER Pomaria S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE Newberry Co  
 (19) OCCUPATION Farm helper  
 (21) Number of children of this mother now living, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10:50 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Adeline Caldwell  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Newberry 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 1/3 19 23 (28) R. J. Johnson 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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.

RECEIVED AT COLUMBIA, COLUMBIA, S. C.