

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.
 GOVERNMENT OF SOUTH CAROLINA, COLUMBIA, S. C.

(1) PLACE OF BIRTH
 County of Lancaster
 Township of Giles Creek
 OR
 Inc. Town of
 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
15531

Registration District No. 2804 Registered No. 95
 (For use of Local Registrar)

(2) Full Name of Child Way Nancy Gooch (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 5-24-22
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Crawford Gooch
 (9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(Year)
 (12) BIRTHPLACE Lancaster S.C.
 (13) OCCUPATION Mechanic
 (20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Bennett
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Year)
 (18) BIRTHPLACE Lancaster S.C.
 (19) OCCUPATION Nursewife
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)
 (23) (Signature) J. H. Allen
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report _____
 (26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
 Registrar _____ (27) Filed 6-10-22 (28) J. J. Thomason 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.