

(1) PLACE OF BIRTH

County of Laurens
Township of Giles Creek
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

15531

Registration District No. 2804 Registered No. 95
(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 Wray 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 5-24-1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Crawford Gooch

(9) PRESENT POSTOFFICE OF FATHER Laurens S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34
(Year)

(12) BIRTHPLACE Laurens 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 Laurens S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24
(Year)

(18) BIRTHPLACE Laurens S.C.

(19) OCCUPATION Housewife

(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, M. or P.M.)

(23) (Signature) J. H. Allen

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens 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 6-10-1922 (28) J. J. Thompson
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.