

## (1) PLACE OF BIRTH

County of

Township of

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.)

## (2) Full Name of Child

3 SEX OR  
GIRL?

Girl

4) Twin  
or Triplet?5) Number in  
order of birth

2

To be answered only in event of Twins or Triplets

6) Are  
Parents  
Married?

yes

7) DATE OF

BIRTH June 13, 22

Name of Month Day (Year)

## FATHER.

8 FULL  
NAME

H. R. Godley

9 PRESENT  
POSTOFFICE  
OF FATHER

Islandton S.C.

10 COLOR  
OR  
RACE

white

11) AGE AT LAST  
BIRTHDAY28  
Years

12 BIRTHPLACE

S. C.

13 OCCUPATION

Farmer

20 Number of children born to  
mother, including present birth

4

## MOTHER.

(14) NAME BEFORE  
MARRIAGE

Hannetta Conley

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Islandton S.C.

(16) COLOR  
OR  
RACE

white

17 AGE AT LAST  
BIRTHDAY24  
Years

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

House wife

(21) Number of children of this mother  
now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at... 8 P. ...M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sarah Jones

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Islandton

Given name added from a supplement  
report

(26) Witness

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

(27) Filed

July 1, 22

(28)

Mrs. H. R. Godley  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18277

Registration District No. 1408

Registered No. 46

(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Virginia Godley (If child is not yet named, make  
supplemental report as directed)3 SEX OR  
GIRL?

Girl

4) Twin  
or Triplet?5) Number in  
order of birth

2

To be answered only in event of Twins or Triplets

6) Are  
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Married?

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