

## (1) PLACE OF BIRTH

County of RichlandTownship of Lower

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3803

File No.—For State Registrar Only

19018

Registered No. 197  
(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 Ray Godwin

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>June 8, 1923</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Ray Godwin

(9) PRESENT POSTOFFICE OF FATHER Asheville, N.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 30  
(Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Laborey

(14) Number of children born to mother, including present birth 1

**MOTHER.**

(14) NAME BEFORE MARRIAGE Haphine Trice

(15) PRESENT POSTOFFICE OF MOTHER Asheville, N.C.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at Lower M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Dr. J. H. Godwin

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife Asheville, N.C.

(Given name added from a supplemental report)

(27) Witness Dr. J. H. Godwin

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

(28) Filed 6/13/23(29) Local Registrar Dr. J. H. Godwin

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.