

(1) PLACE OF BIRTH

County of Richland
Township of Lower
of
Inc. Town of.....
of
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
19018

Registration District No. 3803 Registered No. 197
(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 Ray Godwin (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Are Parents Married? yes (6) DATE OF BIRTH June 8, 1923
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Ray Godwin
(9) PRESENT POSTOFFICE OF FATHER Stephens, D.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30
(12) BIRTHPLACE North Carolina
(13) OCCUPATION laborer
(14) Number of children born to mother, including present birth 1

MOTHER
(14) NAME BEFORE MARRIAGE Haphne Wells
(15) PRESENT POSTOFFICE OF MOTHER Stephens, D.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
(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

(22) I hereby certify that I attended the birth of this child, who was born at 2:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. H. ... (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Stephens, D.C.

(26) Witness ... (Signature of Witness, necessary only when question 23 is signed by mark)
(27) Filed 6/13/23 (28) ... 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.