

Form No. 1.

(1) PLACE OF BIRTH

County of Edgfield

Township of Wade

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

85442

Registration District No. 1811 Registered No. 19  
(For use of Local Registrar)

St.; Ward

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

(2) Full Name of Child

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 20 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME John Goodwin  
(9) PRESENT POSTOFFICE OF FATHER Johnston  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)  
(12) BIRTHPLACE Edgfield S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Mary Jones  
(15) PRESENT POSTOFFICE OF MOTHER Johnston  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Edgfield S.C.  
(19) OCCUPATION Housewife  
(21) 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 alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) C. E. Mathews (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Edgfield 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 Oct 30 1916 (28) J. A. Fair 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.

MARGIN RESERVED FOR BINDING.  
WHITE 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.

McCaw, of Columbia.