

## (1) PLACE OF BIRTH

County of Saluda  
 Township of No. 1

## CERTIFICATE OF BIRTH

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

No. 37493

Inc. Town of .....  
 City of .....

Registration District No. 3rd Precinct No. 17  
 (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 Reginald Marshall Duff If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 5 (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 24 1923

FATHER: FULL NAME Noah Goff (8) NAME BEFORE MARRIAGE Hattie Matthews

(9) PRESENT RESIDENCE OF FATHER Saludaville S.C. R.F. 7 Box 106 (10) PRESENT RESIDENCE OF MOTHER Saludaville S.C. R.F. 7 Box 106

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 42 (13) COLOR OR RACE White (14) AGE AT LAST BIRTHDAY 34

(15) BIRTHPLACE Saluda County (16) BIRTHPLACE Saluda County

(17) OCCUPATION Farmer (18) OCCUPATION House-wife

(19) Number of children born to mother, including present birth 5 (20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) [Signature]

(23) State whether Physician or Midwife (24) Address of Physician or Midwife Saluda S.C.

Given name added from Supplemental Report

2/14/43 101...  
M. B. W. V. O. D. W. A. D. M. D.  
 Registrar

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

(26) Filed P. R. G. No. 3 (27) P. A. D. W. A. D. M. D. 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.

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