

Form No. 3

(1) PLACE OF BIRTH

County of MarionTownship of Leavesor
Inc. Town of LeavesCity of Leaves

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35553

Registration District No. 47Registered No. 47
(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 Raymond Goodyear (If child is not yet named, make supplemental report as directed)(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 July 30, 1922
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Maxie Goodyear(9) PRESENT POSTOFFICE OF FATHER Mullins(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Marion Co.(13) OCCUPATION Laborer(14) NAME BEFORE MARRIAGE Martha Samuel(15) PRESENT POSTOFFICE OF MOTHER Mullins(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Marion Co.(19) OCCUPATION At home(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Samuel Crawford(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

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Registrar

(26) Witness Wm Schreffler
(Signature of Witness necessary only when question 23 is signed or marked)(27) Filed Oct 5, 1922 (28) Wm Schreffler
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.