

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.

(1) PLACE OF BIRTH

County of Lexington  
Township of Phil Springs  
OR  
Inc. Town of.....  
OR  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

43575

Registration District No. 3.110. Registered No. 33.  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)  
(No. .... St.; .... Ward)

(2) Full Name of Child Pibble Gordon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? L (5) Number in order of birth L (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 9, 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Castella S Goodwin  
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 46  
(Years)  
(12) BIRTHPLACE Lexington Co S.C.  
(13) OCCUPATION Laborer  
(20) Number of children born to mother, including present birth 10

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Mattie Powell  
(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 40  
(Years)  
(18) BIRTHPLACE Barnwell Co  
(19) OCCUPATION House work  
(21) Number of children of this mother now living, including present birth 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 a.m.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) L B Brooks  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Swansea 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 Dec 16, 1922 (28) Wm Joe Fallon  
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.