

(1) PLACE OF BIRTH

County of LexingtonTownship of Congareeor
Inc. Town ofor
City of Cayce S.C.

(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

Registration District No. 3 / A

File No. - For State Registrar Only

15778Registered No. 37

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Helen Mae Goodwin

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>Three</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 1 1922</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L E Goodwin(9) PRESENT POSTOFFICE OF FATHER Cayce S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Lila M Spadley(15) PRESENT POSTOFFICE OF MOTHER Cayce S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W A Oxner M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

5/29/45
IP
19
Registrar

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

(27) Filed 5/17 22 (28) J. C. Lybrand 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.

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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECAN OF COLUMBIA, COLUMBIA, S. C.

McC