

## (1) PLACE OF BIRTH

County of Doulington  
 Township of Opulamee  
 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

18332

Registration District No. 1502Registered No. 64  
(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 Oscar David Goincy (If child is not yet named, make supplemental report as directed)

3 BOY OR GIRL <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>June 20 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>D. J. Goincy</u>			14 NAME BEFORE MARRIAGE <u>Lila Hudson</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Hartsville SC</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Hartsville SC</u>	
10 COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)		16 COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
12 BIRTHPLACE <u>Charleston Co SC</u>			18 BIRTHPLACE <u>Doulington Co SC</u>	
13 OCCUPATION <u>Farmer</u>			19 OCCUPATION <u>Housewife</u>	
20 Number of children born to mother, including present birth <u>3</u>			21 Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:45 P. M., on the date above stated. (Born alive or stillborn (Hour A. M. or P. M.))

(23) (Signature) May Jane Stearns  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hartsville SC

Given name added from a supplemental report

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

(27) Filed June 21 22 (28) J. M. McKey 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.

(27) Filed July 8 22 (28) J. M. McKey Local Registrar.

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