

WRITE 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 Sumter
Township of Providence
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

74905

Registration District No. 4105 Registered No. 102
(For use of Local Registrar)

City of (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 Daniel Goodman 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>Yk</u>	(7) DATE OF BIRTH <u>Aug 5, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Daniel Goodman

(9) PRESENT POSTOFFICE OF FATHER Dalzell S. C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 28
(Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Ginerette

(15) PRESENT POSTOFFICE OF MOTHER Dalzell S. C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6-P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ann Mitchell

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkett

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

(27) Filed Aug 10 - 1916 (28) B. M. Daughlin
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.