(1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Incorp. Town of .....

or

City of Charleston

CERTIFICATE OF BIRTH

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

9A

File No.—For State Registrar Only
17880

Registration District No. ..... Registered No. 857
(For use of Local Registrar)

(No. 20 Cleveland 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 Doris Lucile Godfrey (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Homer Mann Godfrey	(14) NAME BEFORE MARRIAGE Gladys Lucille Knight
(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.	(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
(10) COLOR OR RACE [illegible] (11) AGE AT LAST BIRTHDAY 26 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Black-Smith	(19) OCCUPATION H-Wife
(20) Number of children born to mother, including present birth 1	(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9.15 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Wm. H. Brial M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: 248 Calhoun St.

Affid.

Given name added from a supplemental report: M. B. Woodward M.D.

6/20/42 19 .... Registrar

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

(27) Filed 6/21 1922 (28) [illegible] 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.

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

McCaly of Columbia, Columbia, S. C.

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