

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 Shiloh  
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  
**20336**

Registration District No. 4-107 Registered No. 57  
(For use of Local Registrar)

(If birth occurs in a hospital or institution, give name of same instead of street and number.)

(2) Full Name of Child Ethel Goodman (If child is not yet named, make supplemental report as directed)

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

FATHER  
(8) FULL NAME Jerry Goodman  
(9) PRESENT POSTOFFICE OF FATHER Shiloh, S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Sumter Co  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Ethel Barnes  
(15) PRESENT POSTOFFICE OF MOTHER Atlanta, Ga.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Years)  
(18) BIRTHPLACE Sumter Co  
(19) OCCUPATION Housework  
(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Place  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shiloh, S.C.

Given name added from a supplemental report

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

(27) Filed 6-15 1922 (28) S. M. Egan 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.