

(1) PLACE OF BIRTH

County of Anderson  
Township of "

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71190

or Inc. Town of ..... Registration District No. 3A Registered No. 289  
(For use of Local Registrar)

or City of Anderson (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 Mamie Godfrey ... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH 8 15 1916  
To be answered only in event of twins or triplets 2nd Yes (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wade Hampton Godfrey

(14) NAME BEFORE MARRIAGE Julia Lila Cobb

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

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

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

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Step Co

(18) BIRTHPLACE Anderson Co

(13) OCCUPATION Supt Cloth Room

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(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 Born alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. H. Carter M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report  
..... 191.....  
Registrar

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

(27) Filed 191 (28) H. H. Carter 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.

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CALL FOR VITAL RECORDS AT THE REGISTER'S OFFICE. IF YOU ARE A FATHER, MOTHER, OR OTHER PERSON CONCERNED IN THE BIRTH OF A CHILD, YOU SHOULD REGISTER THE BIRTH OF YOUR CHILD WITHIN THREE DAYS OF THE BIRTH. IF YOU ARE A FATHER, MOTHER, OR OTHER PERSON CONCERNED IN THE BIRTH OF A CHILD, YOU SHOULD REGISTER THE BIRTH OF YOUR CHILD WITHIN THREE DAYS OF THE BIRTH. IF YOU ARE A FATHER, MOTHER, OR OTHER PERSON CONCERNED IN THE BIRTH OF A CHILD, YOU SHOULD REGISTER THE BIRTH OF YOUR CHILD WITHIN THREE DAYS OF THE BIRTH.