

2-29-44
No Corres.

N.P.

mg
Hall

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of.....

or

Inc. Town of.....

or

City of.....

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801

FILE No.—For State Registrar Only

00592

Registered No.....

(For use of Local Registrar)

Ward.....

2. FULL NAME OF CHILD Willie Goins

If child is not yet named, make supplemental report as directed.

3. Boy or Girl

If Plural

Boy

births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of

May 28

19.. 22

5. Number, in order of birth.....

Full term. yes

Married? yes

(Month, day, year)

9. Full name

FATHER

John Goins

10. Residence (mailing address)

(If non-resident, give place and State)

Richland Co.

11. Color or race C

12. Age at child's birth 3 1/2 (years)

13. Birthplace (city or place)

(State or country)

Richland Co.

18. Name before marriage

MOTHER

Betsy Taylor

19. Residence (mailing address)

(If non-resident, give place and State)

Richland Co.

20. Color or race C

21. Age at child's birth 32 (years)

22. Birthplace (city or place)

(State or country)

Richland Co.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farming

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

19.....

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

Housewife

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

19.....

26. Total time (years) spent in this work

27. Number of children of this mother

(At time of birth and including this child)

(a) Born alive and now living 5 (b) Born alive but now dead..... (c) Stillborn.....

28. If stillborn, period of gestation.....

months
weeks

29. Cause of stillbirth.....

Before labor.....

During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 8 A. m. on the date above stated.

When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from a supplementary report.....

(Date of)

(Signed) Betsy Lee Goins

Parent L

or.....

Guardian

Address.....

Filed Mar. 4, 1944 L.A. Risar, M.D.

Registrar.

Registrar.