

(1) PLACE OF BIRTH

County of Wichitany  
Township of No. 1

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

460

Inc. Town of Oakland Mills Registration District No. 34.08 Registered No. 7  
(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 Elmer Ashby Goff If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 4 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm. Sidney Goff  
(9) PRESENT POSTOFFICE OF FATHER Wichitany SC  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)  
(12) BIRTHPLACE SC(13) OCCUPATION Cotton mill op.(21) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Roma Prater  
(15) PRESENT POSTOFFICE OF MOTHER Wichitany SC  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE SC(19) OCCUPATION Housewife(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 born alive (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) M. K. Prater  
(24) State whether a Physician or Midwife (25) Address of Physician or Midwife  
Physician Wichitany SC

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb 17 1923 (28) S. S. Cunningham Registrar

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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