

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

50699

Registration District No. 4305

Registered No. 6

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child

Herbert Arthur Goff

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth 3

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 5th

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Arthur Goff

(9) PRESENT POSTOFFICE OF FATHER

Lane, S. C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Lineman

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Ruth Ross

(15) PRESENT POSTOFFICE OF MOTHER

Lane, S. C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

29

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(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 alive at 4:30 A. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Charles A. G. A. R. K.

(24) State whether Physician or Midwife

Address of Physician or Midwife

midwife

Lane, S. C.

Given name added from a supplemental report

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Registrar

(25) Witness

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

(27) Filed

Feb. 14th 1916

(28)

Albert R. Mowley

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.

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. No. 2.—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 3.

Law of Columbia