

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Spartanburg
 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
9319

Registration District No. 410.7 Registered No. 27
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) Date of Birth Mar 7 1922
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Boston Goodman</u>	(14) NAME BEFORE MARRIAGE <u>Pilla P. Ray</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Lynchburg</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lynchburg</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Lynchburg</u>	(16) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>24</u>
(10) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	(18) BIRTHPLACE <u>Spartanburg Co</u>	(18) BIRTHPLACE <u>Spartanburg Co</u>
(11) AGE AT LAST BIRTHDAY <u>30</u>	(19) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housework</u>	
(12) BIRTHPLACE <u>Spartanburg Co</u>	(20) Number of children born to mother, including present birth <u>7</u>	(20) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) at 11 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Martha Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Clinton St

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. M. McShen
 (27) Filed 3-18-22 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.