

## (1) PLACE OF BIRTH

County of RickenTownship of Wards

or

Inc. Town of .....

or

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 Rose Lee Good

File No. — For State Registrar Only

17364

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 214 Registered No. ....  
(For use of Local Registrar)(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 11 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Odin Good(9) PRESENT POSTOFFICE OF FATHER Monetta S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Edgewood S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Martin(15) PRESENT POSTOFFICE OF MOTHER Monetta S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Saluda S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline Corley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Edgewood S.C.

Given name added from a supplemental report

(26) Witness Alma D. Smith

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

(27) Filed July 11 1922H. E. Hendrix  
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.