

Form No. 3

(1) PLACE OF BIRTH

County of SpartanburgTownship of Shiloh

City of

City of

City of

City of

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

(2) Full Name of Child Harry Lee Goodman

File No. - For State Registrar Only

5361

Registration District No. 4107Registered No. 23

(For use of Local Registrar)

(3) BOY OR GIRL Boy

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Feb 18 1923

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Phoe Goodman

(9) PRESENT POSTOFFICE OF FATHER

Shiloh, S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25

(12) BIRTHPLACE

Spartanburg

(13) OCCUPATION

Farming

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Jessie Conway

(15) PRESENT POSTOFFICE OF MOTHER

Shiloh, S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Spartanburg

(19) OCCUPATION

Housewife

(20) 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 three at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Shiloh, S.C.

(26) Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary when question 23 is signed "Stillborn")

(27) Filed 2-27-23(28) S. B. McEwen

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 REMARKS.
WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.
B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN. No. 1. THE OTHER, No. 2, etc., in question 2.
Bureau of Census, Columbia, S. C.