

see duplicate - Vol-52
No. 42627

(1) PLACE OF BIRTH

County of Greenville
Township of Austin
or
Inc. Town of Simpsonville
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

4303

Registration District No. 2200 Registered No. 28
(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 D. L. Goodneugh If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>✓</u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u> </u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 4, 1922</u> (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Charles L. Goodneugh</u>	(14) NAME BEFORE MARRIAGE <u>Beatrice Lee</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Simpsonville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville</u>
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)
(12) BIRTHPLACE <u>Tenn.</u>	(18) BIRTHPLACE <u>Tenn.</u>	(13) OCCUPATION <u>milk operator</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Oline at 10 A. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. C. Smith
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report

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

(27) Filed March 10, 1922 P. P. Richardson
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.

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