

MARGIN RESERVED FOR FINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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 5.

(1) PLACE OF BIRTH

County of Lee
 Township of Cypress
 or
 Inc. Town of.....
 or
 City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St.; Ward)

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

File No.—For State Registrar Only
31037

Registration District No. 3001 Registered No.
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 13, 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Arther Goodson
 (9) PRESENT POSTOFFICE OF FATHER Lamar
 (10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Sarlington Co
 (13) OCCUPATION Farm Labor
 (20) Number of children born to mother, including present birth 4

MOTHER
 (14) NAME BEFORE MARRIAGE June Dial
 (15) PRESENT POSTOFFICE OF MOTHER Lamar
 (16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Sarlington Co
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive nt. 4:30 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Isabelle L. Lomax (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness A. L. Lomax
 (Signature of Witness necessary only when question 23 is signed by mark)

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(27) Filed 9/13 19 22 (28) W. J. Bore
 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.