

## (1) PLACE OF BIRTH

County of *Marian*

Township of .....

Inc. Town of *Mullins*

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthNo. *44111* For State Registrar OnlyRegistration District No. *3718*Registered No. *63*  
(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

If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <i>Male</i>	(2) TUB or or It is considered a part of Father or Mother	(3) NUMBER OF CHILDREN of this Family	(4) AGE at birth in years	(5) DATE OF BIRTH <i>Dec 31</i> 19 <i>23</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(6) FULL NAME <i>Rupert A. Goodson</i>			(14) NAME BEFORE MARRIAGE <i>Ethel M. Donald</i>	
(7) PRESENT RESIDENCE OF FATHER <i>Mullins S.C.</i>			(15) PRESENT RESIDENCE OF MOTHER <i>Mullins S.C.</i>	
(8) COLOR OF HAIR <i>W</i>	(9) AGE AT LAST BIRTHDAY <i>26</i> (Year)	(16) COLOR OF HAIR <i>W</i>	(17) AGE AT LAST BIRTHDAY <i>28</i> (Year)	
(18) BIRTHPLACE <i>Marion Co. S.C.</i>			(19) BIRTHPLACE <i>Marlboro Co. S.C.</i>	
(20) OCCUPATION <i>Bank Clerk</i>			(21) OCCUPATION <i>House wife</i>	
(22) Number of children born to mother, including present birth <i>2</i>			(23) Number of children of this mother now living, including present birth <i>2</i>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was *B. Marie* at *8 A. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature)

(26) State whether

Physician or Midwife

(27) Address of Physician or Midwife

*Physician Mullins S.C.*

Given name added from a supplementary report

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

(29) Filed *Jan 27 1924* (30) *H. M. Mullins* (Local Registrar)

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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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