

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.

Form No. 1

(1) PLACE OF BIRTH

County of Dorchester
Township of Roger
OR
Inc. Town of.....
OR
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34231

Registration District No. 1705

Registered No. 74
(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 Lillian Goodwin

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 23 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Frank Goodwin

(9) PRESENT POSTOFFICE OF FATHER Reevesville S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 67 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 7

MOTHER

(14) NAME BEFORE MARRIAGE Julia Westley

(15) PRESENT POSTOFFICE OF MOTHER Reevesville S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Frank Goodwin

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Reevesville S.C.

Given name added from a supplemental report

(26) Witness E. C. Blackwell
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 24 1922 (28) E. C. Blackwell 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.