

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Providence  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

16274

Registration District No. 3614Registered No. 65

(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 Jacobs Goodwin

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH May 17, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Goodwin  
 (9) PRESENT POSTOFFICE OF FATHER Vance S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23  
 (Years) (12) BIRTHPLACE Orangeburg Co  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Goodwin  
 (15) PRESENT POSTOFFICE OF MOTHER Vance S.C.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22  
 (Years) (18) BIRTHPLACE Orangeburg Co  
 (19) OCCUPATION House Wife

(20) Number of children born to mother, including present birth 4 (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 White ..... at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie Johnson  
 (24) State whether Physician or Midwife mid wife (25) Address of Physician or Midwife Vance S.C.

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed May 21, 1922 (28) L. G. Dargatz 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.

WHITE PLAINLY, WITH UNFADING INK—FILL IN A PENCIL OR INK. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE CHILD IN QUESTION BY "1", "2", "3", ETC., IN QUESTION 3. BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.