

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Summerville  
 or  
 Inc. Town of Goff  
 or  
 City of Goff  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

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

No. 3316  
 For this birth only

Registration District No. 10A Registered No. 47  
 (For use of Local Registrar)  
 (No. RD 8 St.; ..... Ward)

(2) Full Name of Child George S. McCraw 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 Feb 23  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Shuford Edward McCraw  
 (9) PRESENT POSTOFFICE OF FATHER Goff SC RD 8  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
 (12) BIRTHPLACE Charleston SC  
 (13) OCCUPATION Cotton Picker  
 (14) Number of children born to mother, including present birth 1

MOTHER  
 (14) NAME BEFORE MARRIAGE Louise Whitman  
 (15) PRESENT POSTOFFICE OF MOTHER Goff SC RD 8  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19  
 (18) BIRTHPLACE Charleston SC  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. D. Goff (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Goff SC

Given name added from a supplemental report

James S. Fairley  
May 18 1923

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

(27) March 10 1923 (28) J. D. Goff Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child dies before even born, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

WRITE PLAINLY. WITH UNPENCIL. USE THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLET, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER, NO. 2, etc. IN COLUMN 3.