

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 Spartanburg
 Township of
 or
 Inc. Town of
 or
 City of 11

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

File No.—For State Registrar Only
20096

Registration District No. 40-a

Registered No. 288
 (For use of Local Registrar)

(No. 85-S Liberty St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Joe Gus Goforth

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 6-16-22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

J M Goforth

(9) PRESENT POSTOFFICE OF FATHER

City

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY 29
 (Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Mech work

MOTHER.

(14) NAME BEFORE MARRIAGE

Beare Littlejohn

(15) PRESENT POSTOFFICE OF MOTHER

City

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY 29
 (Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

4

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was nt. 5-15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. D. D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7-1-22

(28) 19

(29)

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.