

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lizzie J. Trudell

(24) State whether Physician or Midwife (25) Signature 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)

Registrar

(27) Filed 1-20-1916 (28) J.B. McQueen 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McCaw of Columbia.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

47553

Registration District No. 4197 Registered No. 8

(For use of Local Registrar)

No. 8 St. Ward

Child is not yet named, make supplemental report as directed

(2) Full Name of Child Flora Catherine Goodman(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) 1 18 1916

FATHER

(8) FULL NAME Willard Goodman(9) PRESENT POSTOFFICE OF FATHER Shiloh SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 36

(Years)

(12) BIRTHPLACE Sumter Co SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Camella C. Payer(15) PRESENT POSTOFFICE OF MOTHER Shiloh SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 37

(Years)

(18) BIRTHPLACE Williamburg Co SC(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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(24) State whether Physician or Midwife (25) Signature of Physician or Midwife

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