

(1) PLACE OF BIRTH

County of Charleston S.C.
Township of
or
Inc. Town of
or
City of Charleston S.C.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
25091Registration District No. 2ARegistered No. 1149
(For use of Local Registrar)(2) Full Name of Child Thomasener Goodwin
(No. 118 1/2 Columbus St.; Ward)
If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL
girl

4) Twin or Triplet?

5) Number in order of birth one6) Are Parents Married? yes

7) DATE OF BIRTH

Aug 10 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Tom Goodwin

9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

10) COLOR OR RACE

colored

(11) AGE AT LAST BIRTHDAY

27
(Years)

12) BIRTHPLACE

Columbia S.C.

13) OCCUPATION

Rail Road

MOTHER.

(14) NAME BEFORE MARRIAGE

Sarah General

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Graton S.C.

(19) OCCUPATION

house work

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.... alive..... at 6:23 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Lawrence

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mid-Wife 24 Shepherd, S.C.

Given name added from a supplemental report

(26) Witness

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

Green M.D.

(27) Filed

8/16

19

22

(28)

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.When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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