

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Cornfieldor
Inc. Town of Summertonor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

33802

Registration District No. 1302Registered No. 99

(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 Anna Louise Godwin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 14, 1922</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Luke Godwin</u>	(14) NAME BEFORE MARRIAGE <u>Anna S Higgins</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Summerton SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summerton SC</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Lake City, SC</u>	(18) BIRTHPLACE <u>Hemingway SC</u>	(13) OCCUPATION <u>Mail Carrier</u>	(19) OCCUPATION <u>House-wife</u>
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Lionel C. Stearns
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 12, 1922 (28) J. G. Richberry
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.

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.

McGAW OF COLUMBIA, COLUMBIA, S. C.