

(1) PLACE OF BIRTH
 County of Greenville
 Township of
 or
 Inc. Town of
 or
 City of Greenville (No. 442 E. Stone
 (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

File No.—For State Registrar Only
4988

Registration District No. 22 A Registered No. 37
 (For use of Local Registrar)
 St.; 2 Ward

(2) Full Name of Child Robert Goldsmith } If child is not yet named, make supplemental report as directed

| | | | | |
|-----------------------------|----------------------|---|--------------------------|---|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? | (5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small> | (6) Are Parents Married? | (7) DATE OF BIRTH <u>Feb</u> , <u>4</u> , <u>6</u> <small>(Name of Month) (Day) (Year)</small> |
|-----------------------------|----------------------|---|--------------------------|---|

FATHER.

(8) FULL NAME Columbus Goldsmith

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Greenville S. C.

(13) OCCUPATION Public Service Auto.

(20) Number of children born to mother, including present birth } 4

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Young

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Greenville S. C.

(19) OCCUPATION Housewife

(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 BORN ALIVE at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lizzie J. Allen

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife E. Stone Ave.

Given name added from a supplemental report
 _____, 191____

 _____ Registrar

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

(27) Filed Feb 7 1916 (28) C. Smith
 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.

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FORM NO. 10. MARRIAGE REGISTERED FOR BUNTING. 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. McCraw of Columbia.