

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

or  
Inc. Town of .....or  
City of Greenville(No. 442 E. Stone St.; 2 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(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	(6) Are Parents Married?	(7) DATE OF BIRTH <u>Feb.</u> , <u>4</u> , <u>19</u> (Name of Month) (Day) (Year)
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## 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 as 8 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Lizzie X

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

Midwife E. Stone Ave.

Given name added from a supplemental report

(26) Witness Grace Chalmers

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

(27) Filed Feb. 7, 1916 (28) C. E. 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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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

1918

FORM NO. 10.  
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 3.

McCraw of Columbia