

## (1) PLACE OF BIRTH

County of AikenTownship of One Six

Inc. Town of .....

City of .....

(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

Registration District No. 208

File No.—For State Registrar Only

12615

Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child Carolyn Goldman If child is not yet named, make supplemental report as directed(3) SEX OR GIFT girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 2, 23  
(Name) (Month) (Day) (Year)

## FATHER.

(8) FULL NAME Leo Goldman(9) PRESENT POSTOFFICE OF FATHER Earle SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24  
(Year)(12) BIRTHPLACE Greenwood Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Hallman(15) PRESENT POSTOFFICE OF MOTHER Earle SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21  
(Year)(18) BIRTHPLACE Aiken Co(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 alive at 7:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia

(24) State whether Physician or Midwife

(25) Address 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)(27) Filed 6/123 19 23 (28) L. C. 15142 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.