

FORM NO. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

or

Inc. Town of

or

City of

Registration District No.

File No.—For State Registrar Only

70341

Registered No. 37

(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

Harvey Jerome Godfrey

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

June 29

1916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lewis Ginnings

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Don't know

(13) OCCUPATION

Spartanburg

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Mamie Godfrey

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26

(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

Cotton Mill Operator

(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 3 7 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

E. C. [Signature]

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Woodruff

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 4 1916

(28)

Charles Bayler

Local Registrar

Registrar

*There was no attending physician or midwife, then the father, householder, etc., should make this return. If 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.

MAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

A 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.

At Columbia

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