

MARGIN RESERVED FOR BINDING.  
 WITH PLAINLY, WITH ENLARGING INK—THIS IS A PERMANENT RECORD.  
 IN IT—in case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
 FIRST-BORN. No 1 this column. No 2, etc. in question 4.

(1) PLACE OF BIRTH

County of *Charleston*  
 Township of *St. P. M.*  
 or  
 Inc. Town of  
 or  
 City of

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. *909* Registered No. *43*  
 (For use of Local Registrar)  
 No. *#3 Redington Tenement* Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Walter Goodwin* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Boy* (4) Twin or Triplet  
 To be answered only in case of Twin or Triplet (5) Are Parents Married *yes* (6) DATE OF BIRTH *Feb. 12, 1922*  
 (Name of Month) (Day) (Year)

FATHER: (8) FULL NAME *James Goodwin* (10) PRESENT POSTOFFICE OF FATHER *Myers S. C.*  
 (11) COLOR OR RACE *Col* (12) AGE AT LAST BIRTHDAY *25* (Year)  
 (13) BIRTHPLACE *Columbia S. C.* (14) OCCUPATION *Labourer*  
 MOTHER: (15) NAME BEFORE MARRIAGE *Viola Jenkins* (16) PRESENT POSTOFFICE OF MOTHER *Myers S. C.*  
 (17) COLOR OR RACE *Col* (18) AGE AT LAST BIRTHDAY *22* (Year)  
 (19) BIRTHPLACE *Georgetown S. C.* (20) OCCUPATION *Housework*

(21) Number of children born to mother, including present birth *2* (22) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *born alive*, at *S. P. M.* on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *3 Mills*

Given name added from supplemental report  
 (26) Witness (Signature) of Witness necessary only when question 23 is signed by nurse  
 (27) Filed *Mich. 8, 1922* (28) *C. F. Myers* 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.

RECEIVED BY CHARLESTON, SOUTH CAROLINA, S. C.