

MARGIN RESERVED FOR BINDING.  
FORM NO. 5  
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.

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

File No.—For State Registrar Only  
31455

(1) PLACE OF BIRTH  
County of Fluence  
Township of Lata  
or  
Inc. Town of Les Se  
or  
City of Les Se (No. ....) (St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. .... Registered No. 42 (For use of Local Registrar)

(2) Full Name of Child Jessie Lee Goskins { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 27 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 18 1911 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME John D Goskins (14) NAME BEFORE MARRIAGE Ralph B Turner  
(9) PRESENT POSTOFFICE OF FATHER Les Se (15) PRESENT POSTOFFICE OF MOTHER Les Se  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years) (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20 (Years)  
(12) BIRTHPLACE Les Se (18) BIRTHPLACE Les Se  
(13) OCCUPATION Farmer (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 ..... M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jacksonville S.C.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) [Signature]  
(27) Filed 9/21 1911 (28) R. L. Carter Local Registrar.

Given name added from a supplemental report  
....., 191.....  
..... 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.