CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
12426

(1) PLACE OF BIRTH

County of Orangeburg
Township of Orangeburg
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 3613 Registered No. 32
(For use of Local Registrar)

(2) Full Name of Child Marion Gooden (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Mar 29, 1922

FATHER

(8) FULL NAME Marion Gooden
(9) PRESENT POSTOFFICE OF FATHER Cameron S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Orangeburg S.C.
(13) OCCUPATION Farm Hand
(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Rosa Hauser
(15) PRESENT POSTOFFICE OF MOTHER Cameron S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Orangeburg S.C.
(19) OCCUPATION Farm Hand
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Emma Gooden
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Cameron S.C.

Given name added from supplemental report ..... 19 ..... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed April 15 1922 (28) A. F. Feaver 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.

BOARD OF COLUMBIA, S. C.