

STATE OF SOUTH CAROLINA
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF BIRTH
 THIS IS A PERMANENT RECORD.
 WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 6.

(1) PLACE OF BIRTH County of <u>Colleton</u> Township of <u>Bells</u> or Inc. Town of _____ or City of <u>X</u> (No. _____) (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		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; display: inline-block;">901</div>	
(2) Full Name of Child <u>Charles William</u>		Registration District No. <u>7401</u>		Registered No. <u>8</u> (For use of Local Registrar)	
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? _____ To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>8</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 19 1922</u> (Name of Month) (Day) (Year)	
FATHER (8) FULL NAME <u>Ed Goff</u> (9) PRESENT POSTOFFICE OF FATHER <u>Sumpter</u> (10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>38</u> (Year) (12) BIRTHPLACE <u>Dorchester Co.</u> (13) OCCUPATION <u>Farming</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Oliver, Stephen</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Sumpter</u> (16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Year) (18) BIRTHPLACE <u>Colleton</u> (19) OCCUPATION <u>Farming</u> (20) Number of children born to mother, including present birth <u>8</u> (21) Number of children of this mother now living, including present birth <u>8</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>Normal</u> at <u>7 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)					
(23) (Signature) <u>Francis Ash</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Sumpter</u>		(26) Signature of Witness necessary only when question 23 is signed by mark <u>Reed</u>			
Given name added from a supplemental report _____		(27) Filed <u>Jan 22 1922</u> (28) <u>R. A. Ireland</u> 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.					