

(1) PLACE OF BIRTH

County of *Charleston*Township of *Sumner*

Inc. Town of

City of *Goff S.C.*

(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

3341

Registration District No. *1003* Registered No. *13*

(For use of Local Registrar)

(No. *St. 1*) Ward)

(2) Full Name of Child

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

(1) SEX OF CHILD <i>Male</i>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of Parent <i>76</i>	(7) DATE OF BIRTH <i>Feb 13 1923</i> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <i>Edward Lytle</i>	(14) NAME BEFORE MARRIAGE <i>Esther Richardson</i>	(15) PRESENT POSTOFFICE OF FATHER <i>Goff S.C. R.R. 8</i>	(16) PRESENT POSTOFFICE OF MOTHER <i>Goff S.C. R.R. 8</i>
(10) COLOR OR RACE <i>White</i>	(11) AGE AT LAST BIRTHDAY <i>19</i> (Year)	(16) COLOR OR RACE <i>White</i>	(17) AGE AT LAST BIRTHDAY <i>16</i> (Year)
(12) BIRTHPLACE <i>—</i>	(18) BIRTHPLACE <i>Bessemer N.C.</i>	(18) OCCUPATION <i>Cotton mill</i>	(19) OCCUPATION <i>Cotton mill</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Mar 10 1923* (28) *J. F. Pritchard* 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.

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