

## (1) PLACE OF BIRTH

County of AmberTownship of Bartholomew

Inc. Town of .....

City of .....

(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 HealthFile No. — For State Registrar Only  
19798Registration District No. 352 Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child Johnny Lee Gooch If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number 1st order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH July 10, 1923

## FATHER.

8) FULL NAME  
9) PRESENT POSTOFFICE OF FATHER  
10) COLOR OR RACE  
11) AGE AT LAST BIRTHDAY (Years)  
12) BIRTHPLACE  
13) OCCUPATION  
20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Gooch  
(15) PRESENT POSTOFFICE OF MOTHER  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 23  
(18) BIRTHPLACE Greenfield  
(19) OCCUPATION Farmer  
(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 alive at 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Kabb

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife East 5th St. H. 3

Given name added from a supplemental report

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

(27) Filed July 23, 1923 (28) J. R. Watson 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.