

## (1) PLACE OF BIRTH

County of SumterTownship of Shilohor  
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 Health

File No.—For State Registrar Only

74937

Registration District No. 4-10.7 Registered No. 93  
(For use of Local Registrar)(2) Full Name of Child Blair V. Goodman If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? — (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 21 1914  
(Name of month) (Day) (Year)(8) FULL NAME W. Taylor Goodman (9) NAME BEFORE MARRIAGE H. Combs Young(9) PRESENT POSTOFFICE OF FATHER Lynchburg Co. (10) PRESENT POSTOFFICE OF MOTHER Lynchburg Co.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 34  
(Years) (Years)(12) BIRTHPLACE Sumter Co. (14) BIRTHPLACE Williamstrburg Co.(13) OCCUPATION Farming (15) OCCUPATION Housekeeping(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 9 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie A. Bussak(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Shiloh Co.

Given name added from a supplemental report

(26) Witness Blair V. Goodman

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

(27) Filed 9-9-1914 (28) S. B. McEwen  
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.

MARGIN RESERVED FOR BINDING.

WHITE 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.

McCaw, of Columbia.