

WRITE 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 1.
 C.W., of Columbia

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Charleston
 Township of Trout
 or
 Inc. Town of
 or
 City of Goffey S.C. (No. 827 E. Dickinson St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—for State Registrar Only
17050

Registration District No. 19a Registered No. 139
 (For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 11 1923</u> (Name of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>Clarius Lewis Petty</u>		(14) NAME BEFORE MARRIAGE <u>Marion Morris</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Goffey S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Goffey S.C.</u>		
(10) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(11) BIRTHPLACE <u>Charleston Co. S.C.</u>		(18) BIRTHPLACE <u>Charleston Co. S.C.</u>		
(12) OCCUPATION <u>Solomon</u>		(19) OCCUPATION <u>Home wife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Goffey S.C.

Given name added from a supplemental report 191

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

(27) Filed 7/10 1923 (28) [Signature] Local Registrar. Sr.

*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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