

(1) PLACE OF BIRTH

County of Charleston

Township of

or Inc. Town of

or City of Charleston S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alonzo Goodwin

File No.—For State Registrar Only

25174

1238

Registration District No. 9A Registered No.
(For use of Local Registrar)(No. 12 1/2 Lee St.; Ward)

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

one

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Aug. 26, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Elick Goodwin

(9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Colord

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Columbia S.C.

(13) OCCUPATION

Laborer

(21) Number of children born to mother, including present birth

Three

MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Simmons

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Colord

(17) AGE AT LAST BIRTHDAY

22

(Years)

(18) BIRTHPLACE

Mount Pleasant.

(19) OCCUPATION

House Work.

(21) Number of children of this mother now living, including present birth

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... alive ...at 12 ...
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Susan Anderson

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

13. Duane alley

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/31

19

(28)

J. Mercer Green M.D.

Local Registrar.

19
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.

a supplemental report (Date of)

Leon Banov, M.D.

Registrar.

Filed

9/2

Con.

1/12/39

19

Ed. Agnew

Registrar.