

## (1) PLACE OF BIRTH

County of Marietta  
 Township of Wahkiakum  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

No. for State Registrar Only  
**33133**

Registration District No. 8247 Registered No. 33  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OF CHILD <u>Child</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 6, 1923</u> (Name of Month) (Day) (Year)
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Nantes Lake Godbold</u>			(14) NAME BEFORE MARRIAGE <u>Lia Marie Perrot</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Lee Dec, C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lee Dec, C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Year)	
(12) BIRTHPLACE <u>Marietta, Ga.</u>			(18) BIRTHPLACE <u>Marietta, Ga.</u>	
(13) OCCUPATION <u>KK Pump</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife [Address]

When name added from a supplemental report

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

(27) Filed Mar 3 1923 (28) J. L. Wilco 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.