

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

## (2) Full Name of Child

File No.—For State Registrar Only

43910

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3505

Registered No. 173  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Dec 2 1922*  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Stiles Goodin</i>	(14) NAME BEFORE MARRIAGE <i>Leatrice Vaeken</i>	(9) PRESENT POSTOFFICE OF FATHER <i>Westminster SC</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Westminster SC</i>
(10) COLOR OR RACE <i>Colored</i> (11) AGE AT LAST BIRTHDAY <i>22</i> (Years)	(16) COLOR OR RACE <i>Colored</i> (17) AGE AT LAST BIRTHDAY <i>22</i> (Years)	(12) BIRTHPLACE <i>Ocean Co SC</i>	(18) BIRTHPLACE <i>SC</i>
(13) OCCUPATION <i>Farming</i>	(19) OCCUPATION <i>House and farm work</i>	(20) Number of children born to mother, including present birth <i>2</i>	(21) Number of children of this mother now living, including present birth <i>2</i>

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alma* at *5:30* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary Hanes* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Westminster SC*

Given name added from a supplemental report

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

(27) *Alma* 1922 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.