(1) PLACE OF BIRTH

County of Calhoun

Township of Caw Caw

or

Inc. Town of.....

or

City of ..... (No. ..... St.; ..... Ward)

(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: 31962

Registration District No. 801 Registered No. 82
(For use of Local Registrar)

(2) Full Name of Child Owen Godwin

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

(3) BOY OR GIRL: Boy

(4) Twin or Triplet

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) [illegible]

(7) DATE OF BIRTH Nov 27 1923 (Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME: Joseph Godwin	(14) NAME BEFORE MARRIAGE: Etta Lou Williamson
(9) PRESENT POST-OFFICE OF FATHER: Ninth	(15) PRESENT POST-OFFICE OF MOTHER: Ninth
(10) COLOR OR RACE: white (11) AGE AT LAST BIRTHDAY: 37 (Years)	(16) COLOR OR RACE: white (17) AGE AT LAST BIRTHDAY: 26 (Years)
(12) BIRTHPLACE: S.C.	(18) BIRTHPLACE: S.C.
(13) OCCUPATION: Farmer	(19) OCCUPATION: Home work
(20) Number of children born to mother, including present birth: 5	(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Joseph Godwin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

.....

..... 19 ....
Registrar

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

(27) Filed Dec 7 1923 (28) J. H. Smith
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.

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