

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

46209

Registration District No. 7006 Registered No. 8
(For use of Local Registrar)City of (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 Mote Goodman. 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1, 28, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Goodman

(9) PRESENT POSTOFFICE OF FATHER Timmonsville, S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Saunders

(15) PRESENT POSTOFFICE OF MOTHER Timmonsville, S.C.

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Timmonsville, S.C.

(19) OCCUPATION House Keeper

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1-28-16 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha S. Wilson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Lynchburg, S.C.

Given name added from a supplemental report

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(26) Witness J. H. Wilson

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

(27) Filed 1-28-16 (28) J. H. Wilson Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.

MARGIN RESERVED FOR BINDING. 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 5. Clav. of Columbia.