

(1) PLACE OF BIRTH

County of MarlboroTownship of MarlboroInc. Town of Marlboro

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 Lurie GoodlettFile No.—For State Registrar Only
19476

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 3.304 Registered No. 85

(For use of Local Registrar)

(4) Twin or triplet? 1(5) Number in order of birth 3(6) Are Parents Married? yes(7) DATE OF BIRTH June 23 1947
(Name of Month) (Day) (Year)

FATHER.

(8) NAME

John Henry Goodlett

(9) PRESENT RESIDENCE OF FATHER

Marlboro

(10) COLOR

White

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Marlboro

(13) OCCUPATION

Farmer

(14) Number of children born to mother including present birth

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Brecken

(15) PRESENT POSTOFFICE OF MOTHER

Marlboro

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

34
(Years)

(18) BIRTHPLACE

Marlboro

(19) OCCUPATION

Farmer

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) C. O. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Marlboroalso

(26) Witness

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

(27) File July 1 1947(28) W. H. Woodley Local Registrar

Given name added from a supplemental report

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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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