

WRITEN, RECEIVED 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.

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbeville
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
17262

Registration District No. 157

Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child

Willie Goodwin

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? X
To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 27, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert F. Goodwin

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

(10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Abbeville, S. C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Betty Jones

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

(16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE Abbeville, S. C.

(19) OCCUPATION Wash. Housewife

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Pressley

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Abbeville, S. C.

Given name added from a supplemental report

(26) Witness J. E. Pressley

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

(27) Filed June 30, 1932

(28) J. E. Pressley 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.