

(1) PLACE OF BIRTH

County of Union

Township of

Inc. Town of

City of Union

(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

66483

Registration District No. 42-ARegistered No. 89

(For use of Local Registrar)

(2) Full Name of Child

Neudallard Godshall

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 3, 1906

(Name of Month) (Day) (Year)

(8) FULL NAME OF FATHER

Robert Adam Godshall

(9) PRESENT POSTOFFICE OF FATHER

Union S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

20

(12) BIRTHPLACE

Union S.C.

(13) OCCUPATION

Black

(14) NAME BEFORE MARRIAGE

Edelle Burger

(15) PRESENT POSTOFFICE OF MOTHER

Union S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

21

(18) BIRTHPLACE

Union S.C.

(19) OCCUPATION

Domestic

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Union S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Montgomery

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

Union S.C.

Given name added from a supplemental report

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(26) Witness

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

(27) James S. Barratt (28) 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.

Registrar

LOCAL REGISTRAR

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COLUMBIA I. S. D.

STATE HEALTH OFFICER

BEN F. WYMAN, M.D.

F. C. RHODES, COMP. GEN.

W. L. PRESSLEY, M.D. DUE WEST