

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Charleston  
 or  
 Inc. Town of Charleston  
 or  
 City of Charleston

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. for State Register Only  
**3261**

Registration District No. 901 Registered No. 19  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, name of same instead of street and number.)

(2) Full Name of Child Charlton Goodwater If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type Full (5) Number in order of birth 101 (6) Are Parents Married Yes (7) DATE OF BIRTH August 23  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER**  
 (8) FULL NAME Charles Goodwater  
 (9) PRESENT RESIDENCE OF FATHER 141 Pleasant St.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38  
 (12) BIRTHPLACE Charleston, S.C.  
 (13) OCCUPATION Carpenter  
 (14) Number of children born to mother, including present birth 10

**MOTHER**  
 (14) NAME BEFORE MARRIAGE Nellie Williams  
 (15) PRESENT RESIDENCE OF MOTHER 141 Pleasant St.  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25  
 (18) BIRTHPLACE Charleston, S.C.  
 (19) OCCUPATION Farming  
 (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 Male (Born alive or stillborn) (Date A. M. or P. M.)  
 on the date above stated.  
 (23) (Signature) Charlotte Grant  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 141 Pleasant St.

Given name added from a supplemental report  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Thos. Williams  
 (27) Filed Sept 10 1923 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is desired of stillbirth before the fifth month of pregnancy.