

(1) PLACE OF BIRTH

County of Richland

Township of

Inc. Town of

City of Columbia S.C.

(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

Registration District No. 3Registered No. 146

File No.—for State Registrar Only

18934

(2) Full Name of Child Alice Goodwin

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

(3) BOY OR GIRL? girl

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 2 1921

FATHER.

(8) FULL NAME Willis Goodwin(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33 (Years)(12) BIRTHPLACE Pickens(13) OCCUPATION day(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Armeslie Watkin(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Richland S.C.(19) OCCUPATION house work(21) 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 alive 5'15" P.M. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucas F. Smith(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 1920 Harden St

even name added from a supplemental report

(26) Witness Annie Brown

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

(27) Filed June 13 1921 (28) A. J. Sloan 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.

Before the fifth month of pregnancy.