

(1) PLACE OF BIRTH
County of Richland
Township of X
Inc. Town of Low
City of Eastover

(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 Mary Goodwin (If child is not yet named, make supplemental report to Director)

(a) Boy or Girl girl (b) Twin or Triple / (c) Number in order of birth /
To be answered only in event of Twins or Triples

FATHER Matthew
Matthew Goodwin

(d) PRESENT RESIDENCE OF FATHER Eastover SC

(e) COLOR OR RACE Colard (m) AGE AT LAST BIRTHDAY 25

(f) BIRTHPLACE Acton SC

(g) OCCUPATION farming

(h) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was alive (A. B. P. M.)
on the date above stated.
(Born alive or stillborn) (Bear A. B. or P. M.)

(25) (Signature)

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness (Signature of Witness necessary only
when question 25 is signed by mark)

19 Registrar

(29) Signed 10/20/37 (30) Local Registration

*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.