

(1) PLACE OF BIRTH

County of AlbemarleTownship of S.E. 1stOR
Inc. Town ofOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

36948

Registration District No. 208 Registered No. 22

(For use of Local Registrar)

(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 Harvey Arnold Goldman (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 Nov 23, 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Claude Goldman(9) PRESENT POSTOFFICE OF FATHER Earle SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Greenwood CO(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Cathrine Jensen(15) PRESENT POSTOFFICE OF MOTHER Earle SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Texas(19) OCCUPATION Housewife(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 at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Julia Rose (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Earle SC

Given name added from a supplemental report

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

(27) Filed 12/8 1922 (28) J. C. [Signature] 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.