

(1) PLACE OF BIRTH

County of FlorenceTownship of Laurensor
Inc. Town ofor
City of(No. St.; Ward)
(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

42387

Registration District No. 259 Registered No. 131
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH 10-17 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James L. Godwin(9) PRESENT POSTOFFICE OF FATHER Lake City, O.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47
(Years)(12) BIRTHPLACE Wm. burg Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Collie McWhorter(15) PRESENT POSTOFFICE OF MOTHER Lake City(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Wm. burg Co.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 6 P.M.
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. Whithead(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Lake City S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1/11 1923 (28) R. L. Coats
Registrar 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.*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
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