

## (1) PLACE OF BIRTH

County of LexingtonTownship of Platt Springs

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39292

Registration District No. #3110 Registered No. 31  
(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 Sallie Goodwin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>L</u>	(5) Number in order of birth <u>L</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 1, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Henry Goodwin(9) PRESENT POSTOFFICE OF FATHER Gaston S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Gaston S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Annie Lee(15) PRESENT POSTOFFICE OF MOTHER Gaston S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)(18) BIRTHPLACE Gaston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was... Born alive at... 4 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mrs. E. E. Wise Gaston S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 2, 1922 (28) Mrs. Joe. Fallon  
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.

RECEIVED AT COLUMBIA, S. C. 1922

NOTE.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL REPORT, No. 2, etc., in question 5.

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