

(1) PLACE OF BIRTH

County of CharlestonTownship of Marion

Inc. Town of

City of

(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

44438

Registration District No. 1042 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child James Ansel Godfrey If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Boy (4) Twin or Triplet? X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 25 1923

(Name of Month) (Day) (Year)

FATHER MOTHER

(8) FULL NAME Romeo Godfrey (14) NAME BEFORE MARRIAGE Agness Pridmore(9) PRESENT POSTOFFICE OF FATHER Gaffney, S.C. R9 (15) PRESENT POSTOFFICE OF MOTHER Gaffney, S.C. R9(10) COLOR OR RACE White (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32

(11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.(13) OCCUPATION Farmer (19) OCCUPATION House wife(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive as 6:13 P.M. on the date above stated. (born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Physician (24) State where Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 5/5 24 (28) B. C. Anderson Local Registrar

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.

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