

(1) PLACE OF BIRTH

County of Fullon
 Township of Hillsboro
 or
 Inc. Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar only
39943 ✓

Registration District No. 1443 Registered No. 156
 (For use of Local Registrar)

City of St. Ward)
 (No.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Hellow Godfrey If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD <u>girl</u>	(4) Type or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age at Birth <u>yr</u>	(7) DATE OF BIRTH (Month) <u>Oct</u> (Day) <u>14</u> (Year) <u>1943</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>Herbert Godfrey</u>			(14) NAME BEFORE MARRIAGE <u>Lacy Daniels</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Forth SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Forth SC</u>	
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>	
(11) AGE AT LAST BIRTHDAY <u>34</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>34</u> (Year)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Clarissa Godfrey

(24) State whether Physician or Midwife
Midwife

(25) Address of Physician or Midwife
Wilmington SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 14 1944

(28) Local Registrar
W. W. Sawfield

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.