

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

72993

County of Fresno
Township of

STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics,
State Board of Health

Inc. Town of or
Registration District No. 2-2-09 Registered No. 406
(For use of Local Registrar)

City of (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 Godfrey { If child is not yet named, make supplemental report as directed

(3) SEX OR GEBL? <u>Boy</u>	(4) Twin or Triplet? <u>2</u> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 3 1906</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER

(8) FULL NAME Samuel C. Godfrey

(9) PRESENT POSTOFFICE OF FATHER # 8 - 3rd Avenue Judson Mill

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Laurens Co. S.C.

(13) OCCUPATION Train Keeper, Cotton Mill

(20) Number of children born to mother, including present birth { 2 }

MOTHER

(14) NAME BEFORE MARRIAGE Emma Lucy Holliman

(15) PRESENT POSTOFFICE OF MOTHER # 8 - 3rd Ave Judson Mill

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Laurens - S.C.

(19) OCCUPATION Housekeeper

(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 Alive at 2:30 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Wallace

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 108 1/2 Burren St.

Given name added from a supplemental report

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

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Registrar

(27) Filed Aug 31 1906 (28) A. J. Macken 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.

FORM NO. 1
WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

MARGIN RESERVED FOR BINDING.