

WRITE PLAINLY, 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 8.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Greenville
Township of Butler
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
12966

Registration District No. 264 Registered No. 57
(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 James Lafayette Golden
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Bo (4) Twin or Triplet? No (5) Number in order of birth 1
(to be answered only in case of Twins or Triplets) (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 30 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Luther Golden
(9) PRESENT POSTOFFICE OF FATHER RT 541
Knollers Apts
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 110
(Years)
(12) BIRTHPLACE Greenville S.C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Jane Golden
(15) PRESENT POSTOFFICE OF MOTHER same
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39
(Years)
(18) BIRTHPLACE Greenville S.C.
(19) OCCUPATION at home
(21) Number of children of this mother now living, including present b. h. 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 2:40 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Knollers Apt 54
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
..... 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 1 1914 (28) J. E. C. Stinson 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.

FIFTH MONTH OF PREGNANCY.

*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.