

## (1) PLACE OF BIRTH

County of WhitakerTownship of Simmes Townor  
Inc. Town ofor  
City of(If birth occurs in a hospital or other institution) (No. 1003 Registered No. 6)  
(For use of Local Registrar) Sl.; 6 Ward

## (2) Full Name of Child

Haris G. Goffney If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

Single

(5) Number in order of birth

3

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan 16, 1914

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Neal S. Goffney

(9) PRESENT POSTOFFICE OF FATHER

W. F. D. #3

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

33

(Years)

(12) BIRTHPLACE

Star Toubury Co. S. C.

(13) OCCUPATION

Miller

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

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Dolly Huskey

(15) PRESENT POSTOFFICE OF MOTHER

Goffney R. F. D. #3

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Star Toubury Co. S. C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22) I hereby certify that I attended the birth of this child, who was alive at 1:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. S. Goffney

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Goffney R. F. D. #3

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness

J. S. Goffney

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

(27) Filed

Jan 21, 1914

(28)

H. J. Rutledge

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.

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