

PLACE OF BIRTH

Spartanburg

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

12130

RPD

Registration District No. 4008

Registered No. 93

(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)

FULL NAME OF CHILD Willie E. Edward Goines

(If child is not yet named, make supplemental report as directed)

4. Twin or Triplet?

5. Number in order of Birth

6. Are Parents Married? No

7. DATE OF BIRTH

April 1

19 23

(Name of Month)

(Day)

(Year)

To be answered only in event of Twins or Triplets

FATHER

MOTHER

14. NAME BEFORE MARRIAGE

Mattie Goines

15. ADDRESS AT CHILD'S BIRTH

Drayton, S. C.

16. COLOR OR RACE

Col.

17. AGE AT CHILD'S BIRTH

26

(Years)

(Years)

18. BIRTHPLACE

S. C.

19. OCCUPATION

Housewife

21. Number of children by this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

23. Signature Jane Smith

24. State whether Physician or Midwife Midwife

25. Address of Physician or Midwife Drayton, S. C.

26. Witness \_\_\_\_\_

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

27. Filed April 14

19 23

by Mrs. E. F. Parker

Local Registrar

Registrar

\*If you are attending physician or midwife, then the father, householder, etc., should make this return. If child is born even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

dmb