

## (1) PLACE OF BIRTH

County of HamptonTownship of Peoples

or

Inc. Town of .....

or

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49438

Registration District No. 2402Registered No. 41

(For use of Local Registrar)

(2) Full Name of Child Thomas Nellie Gooding { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 22 6  
(Name of Month) (Day) (Year)(8) FULL NAME Nellie Gooding (14) NAME BEFORE MARRIAGE Sillie Thomas

(9) PRESENT POSTOFFICE OF FATHER (15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY (Years)(12) BIRTHPLACE Hampton Co (18) BIRTHPLACE Hampton Co(13) OCCUPATION Farming (19) OCCUPATION(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother new living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (M, M., or P. M.)(23) (Signature) Annie Moore (Midwife)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

191....

Registrar

(26) Witness Thos W Gooding (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed 7/25 1916 (28) J. W. Rogers (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.

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 5.

McCaw, of Columbia

BLANKS RESERVED FOR BINDING.