

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

IF, 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.

MACAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Durham
 Township of Manchester
 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

2574

Registration District No. 4101

Registered No. 1
 (For use of Local Registrar)

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

(2) Full Name of Child James Omer Gooden (If not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 10 22</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Ransom Gooden</u>		(9) NAME BEFORE MARRIAGE <u>James Emmer Kiffin</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Wedgefield #1</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Wedgefield #1</u>		
(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>50</u> (Years)	(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>38</u> (Years)	
(16) BIRTHPLACE <u>Durham Co</u>		(17) BIRTHPLACE <u>Sumter Co</u>		
(18) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Field Hand</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Elmer at 29 M.
 on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elysa Robinson
 (24) (Signature) M. Wolfe whether Physician or Midwife (25) Address of Physician or Midwife Pinewood

Given names added from a supplemental report

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

(27) Jan 10 22 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 sixth month of pregnancy.