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NO-4303

Form No. 1

(1) PLACE OF BIRTH

County of Greenville

Township of Greenville

Inc. Town of Simpsonville

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

Registration District No. 2200

File No. - For State Registrar Only
42627

Registered No. 166
(For use of Local Registrar)

(2) Full Name of Child L. L. Goodenough

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

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Parents Married? Yes 7) DATE OF BIRTH Dec. 4, 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Chas. L. Goodenough
9) PRESENT POSTOFFICE OF FATHER Simpsonville
10) COLOR OR RACE W. 11) AGE AT LAST BIRTHDAY 23
(Years)
12) BIRTHPLACE Tenn.
13) OCCUPATION Mill Operative
20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Beatrice Lee
15) PRESENT POSTOFFICE OF MOTHER Simpsonville
16) COLOR OR RACE W. 17) AGE AT LAST BIRTHDAY 23
(Years)
18) BIRTHPLACE Tenn.
19) OCCUPATION House work
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. D. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Simpsonville

Given name added from a supplemental report

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

(27) Filed Jan. 12, 1923 (28) L. L. Richardson 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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