

(1) PLACE OF BIRTH

County of

Township of

or 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

2373

Registration District No. 38a

Registered No. 1002

(For use of Local Registrar)

(No. Olympia)

St. (For use of Local Registrar)

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

2 Full Name of Child Fishamway Goodwin

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

3 SEX OR

CHILD

4) Twin

or Triplet? X

(5) Number in

order of birth

(6) Are

Parents

Married together

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

8 FULL

NAME

Ismaell Goodwin

(14) NAME BEFORE

MARRIAGE

Mattie Toliver

9 PRESENT

PLACE OF

FATHER

R # 4 Cala St

(15) PRESENT

POSTOFFICE

OF MOTHER

R # 4 Cala St

10 COLOR

OR

FACE

Colored

(11) AGE AT LAST

BIRTHDAY

28

(16) COLOR

OR

FACE

Colored

(17) AGE AT LAST

BIRTHDAY

18

(12) BIRTHPLACE

Wester St

(18) BIRTHPLACE

R # 4 Cala St

(13) OCCUPATION

Public worker

(19) OCCUPATION

house work

(20) Number of children born to

parent, including present birth

3

(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 alive at on the date above stated.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

Rauher Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife R # 4 Cala St

Given name added from a supplement-

tal report

(26) Witness

(Signature of witness necessary only

when question 22 is signed by mark)

(27) State

(Signature of State Registrar)

(Signature of State 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.

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.