

## (1) PLACE OF BIRTH

County of MarionTownship of Natch

Inc. Town of .....

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 HealthNo. 44-For Late Register Only  
44142Registration District No. 3207 Registered No. 6  
(For use of Local Registrar)(2) Full Name of Child Mellie Godbold (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 30 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Melvin Godbold</u>	(14) NAME BEFORE MARRIAGE <u>Marion Brantley</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Marion S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Marion S.C.</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Marion S.C.</u>	(18) BIRTHPLACE <u>Marion S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1 7</u>	(21) Number of children of this mother now living, including present birth <u>1 7</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) <u>Mary Godbold</u>	(24) Address of Physician or Midwife <u>Marion S.C.</u>
(25) State whether Physician or Midwife <u>midwife</u>	

(Given name added from a supplemental report)

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

(27) Filed Jan 20 1924 (28) J. L. Dill

Registrar

When there was no attending physician or midwife, then the father, householder, etc., must not be reported as stillborn. No report is needed or required if a child breathes even once. It must not be reported as stillborn. No report is needed or required before the fifth month of pregnancy.