

## (1) PLACE OF BIRTH

County of Marion  
 Township of Brittons Neck  
 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

86564

Registration District No. 32-0-0 Registered No. 68  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child William Carl Godbold If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Oct-22-1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wade Simpson Godbold

(9) PRESENT POSTOFFICE OF FATHER Godbold, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38  
 (Years)

(12) BIRTHPLACE Godbold, S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Estell Owens

(15) PRESENT POSTOFFICE OF MOTHER Godbold, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
 (Years)

(18) BIRTHPLACE Marion, S.C.

(19) OCCUPATION

(21) Number of children of this mother now 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 Born alive at 7:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sam Male (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Antimony, S.C.

Given name added from a supplemental report

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

(27) Filed Nov 28 1916 (28) St. J. D. Jones 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.

MARGIN RESERVE FOR INDEXING  
 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.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.