

MARGIN RESERVES 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, S. C.

(1) PLACE OF BIRTH

County of Marion
 Township of Brittons Neck
 or
 Inc. Town 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. 32-50 Registered No. 68
 (For use of Local Registrar)
 City of (No. St.; Ward)

(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? (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 at 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

 _____, 19

(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.