

(1) PLACE OF BIRTH

County of Dillon.....Township of Hillshoro.....OR
Inc. Town of Pages Mill S.C.OR
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

File No.—For State Registrar Only

46030

Registration District No. 1603... Registered No. 6
(For use of Local Registrar)(2) Full Name of Child. Johnny Ruedell Goshaw If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Jan, 24, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME William P. Goshaw(9) PRESENT POSTOFFICE OF FATHER Pages Mill S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Dillon Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Naggin(15) PRESENT POSTOFFICE OF MOTHER Pages Mill S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Robeson Co. N.C.(19) OCCUPATION House work.(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Lusk(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pages Mill S.C.

M.D.

Given name added from a supplemental report

....., 191.....

Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 29, 1916. (28) A. A. Bailey 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.