

FORM NO. 10. MARIEN, RECEIVED FOR FILING. WITH ENCLAVES. WITH ENCLAVES USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc. IN QUESTION 8.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Shiloh
 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
50603

Registration District No. 4-10-7 Registered No. 16
 (For use of Local Registrar)
 (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. Clearbank Goodman } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 3 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 7 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lake Goodman
 (9) PRESENT POSTOFFICE OF FATHER Lynchburg, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Sumter, S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Hattie Lourey
 (15) PRESENT POSTOFFICE OF MOTHER Lynchburg, S.C.
 (16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY 19 (Years)
 (18) BIRTHPLACE Sumter, S.C.
 (19) OCCUPATION Housekeeping
 (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 three at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wade McQueen
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lynchburg, S.C.

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 Feb 15 1914 (28) W. E. McQueen 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.

IF A CHILD DIES BEFORE THE FIFTH MONTH OF PREGNANCY, NO REPORT IS DESIRED.
 (Copy from original in journal)