

(1) PLACE OF BIRTH

County of Bamberg
 Township of North Central
 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

9993

Registration District No. 482Registered No. 29
(For use of Local Registrar)

(No. St.; street and number.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is named, make supplemental report as directed)

(2) Full Name of Child Jewel Ed Julia

(3) SEX OF CHILD girl (4) Twin no (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 24 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm W Goodwin(9) PRESENT POSTOFFICE OF FATHER Simmons S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45
(Years)(12) BIRTHPLACE Colliton Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Wiley(15) PRESENT POSTOFFICE OF MOTHER Simmons S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41
(Years)(18) BIRTHPLACE Colliton Co(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs J C Goodwin (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Simmons 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 5/8 19 22 (28) J C Goodwin 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.