

(1) PLACE OF BIRTH

County of Beaufort  
Township of East Central  
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  
**0003**

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

City of ..... (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) BOY OR GIRL 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 Swains P. O  
(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 Swains P. O  
(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 ..... at ..... P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs J. C. Goodwin (25) Address of Physician or Midwife  
(24) State whether Physician or Midwife Swains P. O

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.