

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of FlourneTownship of Matto

Inc. Town of .....

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

72781

Registration District No. 2012 Registered No. 71

(For use of Local Registrar)

(2) Full Name of Child Mary Goodman { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? and (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH 8, 1916 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Goodman(9) PRESENT POSTOFFICE OF FATHER Atlanta(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Flourne Co(13) OCCUPATION Public work(20) Number of children born to mother, including present birth { 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Jonie Benjamin(15) PRESENT POSTOFFICE OF MOTHER Atlanta(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Flourne Co(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth { 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 1 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jonie Benjamin(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

Registrar

(26) Witness W. R. Ruffin (Signature of witness necessary only when question 22 is signed by mark)(27) Filed 8/22, 1916 (28) W. C. Kelly 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.