

(1) PLACE OF BIRTH

County of Barwell

Township of Bull pond

or
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

84417

Registration District No. 505 Registered No. 82
(For use of Local Registrar)

(If birth occurs in a hospital or other institution) give name of same instead of street and number.

(2) Full Name of Child Esther M. Goth } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parent Married? Yes (7) DATE OF BIRTH Mar 20 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Joseph M. Goth

(14) NAME BEFORE MARRIAGE Rudina Capur

(9) PRESENT POSTOFFICE OF FATHER Alceda S. C.

(15) PRESENT POSTOFFICE OF MOTHER Alceda S. C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Bos Kent place of Bull Pond

(18) BIRTHPLACE The Marten place

(13) OCCUPATION farmer

(19) OCCUPATION farmer

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) C. Lander Aiken

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Alceda S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

....., 191.....
Registrar

(27) Filed Mar 20 1916 (28) J. G. Rouse 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.

McCAW, of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.