

(1) PLACE OF BIRTH

County of MarionTownship of Reaves

or

Inc. Town of

or

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

43632

Registration District No. 3705 Registered No. 163

(For use of Local Registrar)

(2) Full Name of Child Margie Christine Godbold (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 15 1912</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>James Godbold</u>	(14) NAME BEFORE MARRIAGE <u>Margie Ford</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Mullins</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins</u>
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)
(12) BIRTHPLACE <u>Harvey Co.</u>	(18) BIRTHPLACE <u>Marion Co.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) <u>Amey Hayes</u>	(25) Address of Physician or Midwife <u>Mullins</u>
(24) State whether, Physician or Midwife <u>Midwife</u>	

Given name added from a supplemental report

(26) Witness A. M. Schaffer
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan. 11 1913 (28) A. M. Schaffer 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.

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N. B.—In case of TWINS OR TRIPLETS see SPECIAL INSTRUCTIONS, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. RECORD OF COLUMBIA, COLUMBIA, S. C.