

PLACE OF BIRTH

Greenville
Greenville

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Division of Vital Statistics
State Board of Health

21248

Town of ... Greenville Administration District No. 7, 19, 20, Registered No. 228
(For use of Local Register)

City of ... Brandon Mills, No. No. No.

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

(2) Full Name of Child ... Deevey M. Goss.... If child is not yet named, make a supplemental report as directed

(3) Sex Girl Boy Twin Triple Quadruplet Yes No Don't know Don't know Don't know

(4) Father's Name Mr. Wesley Goss.... Mother's Name Mrs. Sallie White

(5) Street 26 Burnett St..... City Greenville.... State South Carolina

(6) Father's Age 37.... Mother's Age 20.... Father's Height 5 ft. 10 in..... Mother's Height 5 ft. 2 in.

(7) Father's Weight 160 lbs.... Mother's Weight 120 lbs.... Father's Hair Black.... Mother's Hair Black

(8) Father's Eye Color Brown.... Mother's Eye Color Brown.... Father's Skin Color White.... Mother's Skin Color White

(9) Number of children born to mother, including present birth Two.... Number of children of this mother born before including present birth One

(10) I hereby certify that I attended the birth of this child, who was born Dec. 16, 1963.... (Born alive or dead) (Born A. M. or P. M.)

(11) (Signature) Mrs. Cimie Goss.... (12) State where issued State of South Carolina.... (13) Address of Physician or Midwife Mothershouse 26 Burnett St.

Given name added from a supplemental report

(14) Wishes None.... (15) Signature of Witness No. 20459.... (Signed Question 14 to sign, necessary only if signed by mark)

(16) W. Goss.... (17) Dec. 16, 1963.... (18) Mothershouse 26 Burnett St..... (19) Registrar.... (20) Greenville, South Carolina.... (21) State of South Carolina.... (22) Attending physician or midwife, if any, no report is required.... (23) No or present

*If there was no attending physician or midwife, then the father, his wife, or another person.