

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

74846

1) PLACE OF BIRTH

County of Sumter
Township of

City, Town or Registration District No. 410 Registered No. 135
(For use of Local Registrar)

City of Sumter (No. South St.; 2 Ward)
birth occurs in a hospital or other institution (Give name of same instead of street and number.)

2) Full Name of Child Marion Goshaw If child is not yet named, make supplemental report as directed

BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 9 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
FULL NAME James D Goshaw
PRESENT POSTOFFICE OF FATHER Sumter S.C.
3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)
4) BIRTHPLACE S.C.
5) OCCUPATION Mechanic
6) Number of children born to mother, including present birth { 1

MOTHER.
(14) NAME BEFORE MARRIAGE Leola Knight
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Wife
(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 at Sumter S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumter S.C.

Given name added from a supplemental report
..... 191.....
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
[Signature]
(27) Filed Sept 9 1916 (28) [Signature] 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.