

## (1) PLACE OF BIRTH

County of Harvey  
 Township of Amherst  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36398

Registration District No. 7509Registered No. 118  
(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 Robert S. Goff If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet ✓ (5) Number in order of birth ✓ (6) Was mother married yes (7) DATE OF BIRTH Sept. 6, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Henry Goff(9) PRESENT POSTOFFICE OF FATHER Chickadee, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Year)(12) BIRTHPLACE Marion Co. Ga.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth Three

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Ella Phares(15) PRESENT POSTOFFICE OF MOTHER Chickadee, S. C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE Harvey County, Ga.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 5-12 A.M. on the date above stated. (Hour M. or P. M.)(22) (Signature) R. H. Phares

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Law Co.

(Given name added from a supplemental report)

1923-1924  
1924  
Registrar

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

(26) Filed Sept 16, 1923 (27) 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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