

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

36398

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

Registration District No. 7509 Registered No. 118  
(For use of Local Registrar)

(No. .... St. .... Ward)  
(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 1 (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 Allegheny, Pa.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Year)  
(12) BIRTHPLACE Marion Co. Pa.  
(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 Allegheny, Pa.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Year)  
(18) BIRTHPLACE Hay County, Pa.  
(19) OCCUPATION Housewife  
(21) Number of children of the mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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. born alive or stillborn (Hour, M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Law Pa.

(Given name added from a supplemental report)  
[Signature]  
1923  
Registered

(26) Witness [Signature] (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed Sept 16, 1923 (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.

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