

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of Sumter STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Mayrsville State Board of Health
 or
 Inc. Town of Registration District No. 4102 Registered No. 106
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
44770

(2) Full Name of Child Mary Elizabeth Goodman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Dec 2
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lorange Dow Goodman

(9) PRESENT POSTOFFICE OF FATHER Mayrsville

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Sumter Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Moine Powell

(15) PRESENT POSTOFFICE OF MOTHER Mayrsville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housekeeper

(21) Number of children of this 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 Alive at 4:30 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Rosa M. [Signature]
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mayrsville
 (26) Witness Miss [Signature] (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Dec 11 1911 (28) W. G. [Signature] Local Registrar

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

*When there was no attending physician or midwife, then the father, householder, etc., should make this report a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., in question 5.

McCaw