

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42322

Registration District No. 29-A Registered No. 3986

(For use of Local Registrar)

(No. 379 St. 7th Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Dec 20 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Marcus Lee Goodman

(9) PRESENT POSTOFFICE OF FATHER

Harrison

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Year)

5

(12) BIRTHPLACE

Harrison N.C.

(13) OCCUPATION

Cabinet maker

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Essie Hancock

(15) PRESENT POSTOFFICE OF MOTHER

Harrison N.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Year)

26

(18) BIRTHPLACE

Harrison N.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 12:40 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12-22-22 (28) P. H. Pughman, M.D. 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.

MEDIUM OF COLUMBIA, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. PRINTED BLANK FOR EACH CHILD, and mark the