

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. 596

County of La. Harrison
Township of St. LouisJANUARY OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Inc. Town of.....

Registration District No. 9A.9 Registered No. 10
(For use of Local Registrar)City of Redinger, Tenn. (No. 2. Redinger, Tenn. (No. 1) Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Herbert Goodwin (If child is not yet named, make supplemental report as directed)1 SEX Boy 2 AGE 19 3 MONTHS 23
4 COLOR Color 5 OCCUPATION Domestic

FATHER		MOTHER	
10 NAME <u>James Goodwin</u>	11 NAME <u>Viola Riley</u>		
12 RESIDENCE <u>Meyers - Co</u>	13 RESIDENCE <u>Meyers - Co</u>		
14 COLOR <u>Color</u>	15 COLOR <u>Color</u>		
16 OCCUPATION <u>Columbia S. C.</u>	17 OCCUPATION <u>Georgetown S. C.</u>		
18 LABOR	19 DOMESTIC		
20 Number of children born to mother, including present one <u>3</u>	21 Number of children of this mother now living, including present one <u>3</u>		

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Sallie Chasler
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
(27) Date <u>Jan 20 1922</u>	(28) Signature <u>B. T. Myers</u>

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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