

FORM NO. 5. MAIN IN RECEIVED FOR SENDING.  
 WHITE PLAINLY. WHEN IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 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, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Berkshire</u>		STATE OF SOUTH CAROLINA.		45721	
Township of <u>Sims</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>...</u>		Registration District No. <u>1002</u>		Registered No. <u>4</u>	
or				(For use of Local Registrar)	
City of <u>...</u>		(No. <u>...</u> )		St.; <u>...</u> Ward <u>...</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Joseph Walter Goffney</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>Single</u>	Number in order of birth <u>6</u>	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 12</u>	(Year) <u>1916</u>
To be answered only in event of Twins or Triplets.			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Joe W. Goffney S. C.</u>			(14) NAME BEFORE MARRIAGE <u>Bettie Brown</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Goffney S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Goffney</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u>	(Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>	(Years)
(12) BIRTHPLACE <u>Spartanburg Co</u>			(18) BIRTHPLACE <u>Spartanburg Co</u>		
(13) OCCUPATION <u>Carpenter</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:15</u> P.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>J. W. Resch</u>			(25) Address of Physician or Midwife <u>Goffney S. C.</u>		
(24) State whether Physician or Midwife					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
191...			(27) Filed <u>Jan 16</u> 1916 (28) <u>H. H. Pritchard</u> Local Registrar		
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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