

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.

MECAN OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richland Co.Township of SumterOF
Inc. Town ofOF
City of

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

(2) Full Name of Child

Harvey Goodwin

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

5-

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 4, 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Landis Goodwin

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farming

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

5-

MOTHER

(14) NAME BEFORE MARRIAGE

Martha Goodwin

(15) PRESENT POSTOFFICE OF MOTHER

Sumter S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Farming

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

5-

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 630 M., on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)(23) (Signature) Harvey Goodwin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Mrs. Woodward3/4/22

1922 Registrar

(26) Witness

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

(27) Filed

6/12

1922

(28)

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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23726

Registration District No. 3809 Registered No. 162
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Harvey Goodwin

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

No

(5) Number in order of birth

5-

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 4, 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Landis Goodwin

(9) PRESENT POSTOFFICE OF FATHER

Sumter S.C.

(10) COLOR OR RACE

White

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(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

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Sumter S.C.

(16) COLOR OR RACE

White

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(Years)

(18) BIRTHPLACE

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