

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Mid Hope

Inc. Town of

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

Registration District No. 1

File No.—For State Registrar Only

4871

Registered No. 4871
(For use of Local Registrar)(2) Full Name of Child Albert Goldsmith

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 case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 27 1923

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME David Goldsmith(9) PRESENT POSTOFFICE OF FATHER Branchville, S.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 37

(Year)

(12) BIRTHPLACE City Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER

(14) NAME BEFORE MARRIAGE Lucia Bowman(15) PRESENT POSTOFFICE OF MOTHER Branchville, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 37

(Year)

(18) BIRTHPLACE City Co(19) OCCUPATION Farmer Laborer(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 9:00 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Shackles Bowman(24) State whether Physician or Midwife Midwife(Signature of Physician or Midwife) Branchville, S.C.

Given name added from a supplemental report

(25) Witness L. J. R. R. R.

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

(27) Filed 3/1/23(28) 1923

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 8.

Bureau of Columbia, Columbia, S. C.