

Form No. 10.

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

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.

State of Columbia.

(1) PLACE OF BIRTH

County of Richland  
Township of Center  
or  
Inc. Town of  
or  
City of

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50320

Registration District No. 3801 Registered No. 3

(For use of Local Registrar)

(No. .... St. .... Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? X (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 3 (Name of Month) (Day) (Year)

(8) FULL NAME O. R. Goff FATHER.  
(9) PRESENT POSTOFFICE OF FATHER Lisbon, S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY W.R. (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth W.R.

(14) NAME BEFORE MARRIAGE Gussie MOTHER.  
(15) PRESENT POSTOFFICE OF MOTHER Lisbon, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY W.R. (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth W.R.

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Lisbon, S.C. on the date above stated. (Hour A. M. or P. M.) 3 A.

(23) (Signature) O. R. Goff (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lisbon, S.C.

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Louis Leonte  
(27) Filed Jan 8 1916 (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.

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