

Form No. 1

(1) PLACE OF BIRTH

County of

Darefield

Township of

or
Inc. Town of

Harrisburg

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 14

File No.—For State Registrar Only

30114

Registered No. 39
(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 Arthur Edgar Goodwin If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edgar E. Goodwin(9) PRESENT POSTOFFICE OF FATHER Harrisburg S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Missouri(13) OCCUPATION Mill Operator(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Raines(15) PRESENT POSTOFFICE OF MOTHER Harrisburg, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21
(Years)(18) BIRTHPLACE Richland Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Saul Quisenberry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Harrisburg, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept 11, 1922(28) D. M. Haynes
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.