

Form No 1.

(1) PLACE OF BIRTH

County of BeaufortTownship of Beaufort

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

File No. — For State Registrar Only

48164

Registration District No. 600Registered No. 171

(For use of Local Registrar)

Ward?

(2) Full Name of Child Agnes Mack

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>February 26, 1914</u>
	<small>To be answered only in case of Twin or Triplets</small>			<small>(Name of Month) (Day) (Year)</small>

FATHER

(8) FULL NAME Joseph Goodwine

(9) PRESENT POSTOFFICE OF FATHER Burton S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 19 (Years)

(12) BIRTHPLACE Old Elba Plantation P.C. Island

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Sarah Mack

(15) PRESENT POSTOFFICE OF MOTHER Burton S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE Old Elba Plantation P.C. Island

(19) OCCUPATION Farmer's daughter

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn)(23) (Signature) Rachel Schuchman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Burton S.C.

When name added from a supplemental report

1914

Registrar

(26) Witness (27) Filed 2.26.1914 (28) W.M. Dand 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. WHEN FOLDING, WITH UNFOLDING LINE—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 5.

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