

## (1) PLACE OF BIRTH

County of RichlandTownship of Ardenor  
Inc. Town of .....or  
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

5080

Registration District No. 387 Registered No. 450

(For use of Local Registrar)

(2) Full Name of Child Emely Godbold

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be accurately in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Feb 20, 23</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Luther Harry Godbold</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Sophie Hook</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, Calumet</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>College Place Columbia</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Year)
(12) BIRTHPLACE <u>Marion Co. S.C.</u>	(13) OCCUPATION <u>Mechanic</u>	(18) BIRTHPLACE <u>Lexington Co. S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>two</u>	(21) Number of children of this mother now living, including present birth <u>two</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11 AM. on the date above stated. (Hour of birth) (Hour of P. M.)(23) (Signature) C. A. Foster M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 27, 1923 (28) C. J. Shuman 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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