

Form No. 1

## (1) PLACE OF BIRTH

County of YorkTownship of HamletInc. Town of St. JamesCity of St. James

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

9447

Registration District No. 20.1 Registered No. 2.3

(For use of Local Registrar)

(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 none (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Jan 15, 1923  
(Month of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Goodine(9) PRESENT POSTOFFICE OF FATHER Charleston SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Year)(12) BIRTHPLACE Hamlet SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 / one

## MOTHER.

(14) NAME BEFORE MARRIAGE Viola Davis(15) PRESENT POSTOFFICE OF MOTHER Hamlet SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Year)(18) BIRTHPLACE Hamlet SC(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 1 / one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at St. James on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))(22) (Signature) Emmie Davis

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed May 11, 1923 (27) R. G. Thacker 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.