

## (1) PLACE OF BIRTH

County of MarionTownship of Reavesor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11-1-1

Registration District No. 3265Registered No. 98  
(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 No name (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>Girl</u>	(4) Type or <u>Trunk</u> To be covered only in case of Trunk or Trunk	(5) Is born yes	(6) DATE OF BIRTH <u>Sept 17, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(7) FULL  
NAME Bruce Goodwin(8) PRESENT  
RESIDENCE  
OF FATHER Nichols SC(9) COLOR  
OR  
RACE W (10) AGE AT LAST  
BIRTHDAY 23  
(Year)(11) BIRTHPLACE SC(12) OCCUPATION Farmer(13) Number of children born to  
father, including present birth Five

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Elio Morgan(15) PRESENT  
RESIDENCE  
OF MOTHER Nichols(16) COLOR  
OR  
RACE W (17) AGE AT LAST  
BIRTHDAY 22  
(Year)(18) BIRTHPLACE W.C.(19) OCCUPATION Housewife(20) Number of children of this mother  
now living, including present birth Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at home on the date above stated. (Signature or initials) (How A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Give name added from a supplemental  
and report

(25) Witness

(26) Date Oct 17, 1923 (27) Signature of Witness

When there was no attending physician or midwife, the report is based on the statement of the mother or other reliable person. If a child breathes even once, it is considered as born. No report is desired of stillbirths.