

(1) PLACE OF BIRTH

County of

Richland

Township of

or
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

19872

Registration District No.

389

Registered No.

94

(For use of Local Registrar)

2) Full Name of Child

Ethel Lailah Goldson

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

3) BOY OR GIRL?

G

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Jan

20

1912

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

Charles James Goldson

9) PRESENT POSTOFFICE OF FATHER

College Place

10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

30

(Years)

12) BIRTHPLACE

N C

13) OCCUPATION

Baggage Agent

14) Number of children born to mother including present birth

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Pearl Corada Hoyer

(15) PRESENT POSTOFFICE OF MOTHER

College Place

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Ga

(19) OCCUPATION

House

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22) I hereby certify that I attended the birth of this child, who was born at at A. M. or P. M., on the date above stated.

(23) (Signature)

R. J. Jennings

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

191.....

Registrar

(26) Witness

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

(27) Filed

191.....

(28)

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.

before the fifth month of pregnancy.

N. B. - In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

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