

NO PLACE TO SIGN

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE - For this register only

32491

County of Greenville

City of Greenville

St. St. John

Registration District No. 23A

Registered No. 142

(For use of Local Registrar)

(If birth occurs in a hospital, give name of hospital instead of street and number.)

(1) Full Name of Child Richard Goodman

(2) Sex Male

(3) Date of Birth July 9 1923

(4) Time of Birth 10:45

(5) Place of Birth Home

(6) Name of Father Richard Goodman

(7) Name of Mother Annie Chuk

(8) Present Residence of Father Greenville S.C.

(9) Present Residence of Mother Greenville S.C.

(10) Color of Child White

(11) Age at Last Birthday 44

(12) Birthplace Greenville S.C.

(13) Occupation Farmer

(14) Number of children born to mother, including present birth 10

(15) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(17) (Signature) [Signature]

(18) State whether Physician or Midwife Physician

(19) Address of Physician or Midwife [Address]

Give name added from a supplemental report

(20) Witness [Signature]

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

(21) Filed Nov 9 1923

(22) Local Registrar [Signature]

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.

Registrar

Registrar