

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH INK. THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

Division of Births, Columbia, S. C.

## (1) PLACE OF BIRTH

County of Sumpter  
Township of Reelfoot  
or  
Inc. Town of .....  
or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

4175

Registration District No. 2402 Registered No. 17  
(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 James Frederick Gouman If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Feb 17 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME A. L. Gouman  
(9) PRESENT POSTOFFICE OF FATHER Varnville  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 11

## MOTHER.

(15) NAME BEFORE MARRIAGE Estell Hartley  
(16) PRESENT POSTOFFICE OF MOTHER Varnville  
(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 45 (Year)(19) BIRTHPLACE Colleton Co(20) OCCUPATION House work(21) Number of children of this mother now living, including present birth 11

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carrie Goffe Midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Varnville

Given name added from a supplemental report

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

Date Feb 21 1923 (27) J. H. Rogers Local Registrar.

When there was no child born, this certificate should be signed by the mother, and the report is desired at stillbirths. If a child breathes even once, this report is desired at stillbirths.