

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charlotte STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
57591

Township of _____ or _____
 Inc. Town of _____ Registration District No. 4001B Registered No. 36
 City of _____ (No. _____) (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 Oliver Godd { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Apr 22 1916
To be answered only in case of Twins or Triplets (Name / Month) (Day) (Year)

FATHER.
 (8) FULL NAME Earl Godd

MOTHER.
 (14) NAME BEFORE MARRIAGE Caroline Dye

(9) PRESENT POSTOFFICE OF FATHER Yemassee #1

(15) PRESENT POSTOFFICE OF MOTHER Yemassee #1

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Wbtg Co

(18) BIRTHPLACE Wbtg Co

(13) OCCUPATION Farmer

(19) OCCUPATION Sanitation

(20) Number of children born to mother, including present birth 7

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 a. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) W. L. Orrell M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Wbtg # 2

Given name added from a supplemental report _____ 191_____

 Registrar

(26) Witness _____ (Signature of witness necessary only when question 22 is signed by mark)
 (27) Filed May 8 1916 (28) A. G. Burton 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.

MARGIN RESERVED FOR BINDING
 WHICH PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N.B.—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 5.
 McCraw, of Columbia.