

PLANE OF BIRTH

County of Greenville

Township of "

City of "

City of "

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 2306

No. for this Registration  
**40833**

Registered No. 148  
(For use of Local Registrar)

St. " Ward "

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

**(1) Full Name of Child**

(2) SEX girl (3) Type or Trade " (4) Number in order of birth " (5) Date of Birth Jan. 10, 1924  
(6) (Name of Mother) (Day) (Month) (Year)

**FATHER.**

(7) NAME Richard Maxwell Goby

(8) RESIDENCE Greenville, S.C.

(9) COLOR white (10) AGE AT LAST BIRTHDAY 26 (Year)

(11) BIRTHPLACE Greenville, S.C.

(12) OCCUPATION yard foreman

**MOTHER.**

(13) NAME Lillie Ruby Calver

(14) RESIDENCE Greenville, S.C.

(15) COLOR white (16) AGE AT LAST BIRTHDAY 35 (Year)

(17) BIRTHPLACE Greenville, S.C.

(18) OCCUPATION Housewife

(19) (Signature) Lillie

(20) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) [Signature]

(23) State whether Physician or Midwife Physician

(24) Address of Physician or Midwife Greenville, S.C.

Give name added from a supplemental report

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

(26) Filed Jan 10, 1924 (27) Mar. S. P. Brooks 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.

Per E. H. J. Gant

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