

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

# 1. PLACE OF BIRTH

County of Greenville  
Township of Ninety Six  
or  
Inc. Town of "  
or  
City of "

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2301

23 046602

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

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

# 2. FULL NAME OF CHILD Correll Goodman

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

3. Boy or Girl Boy If Plural birth { 4. Twin, triplet, or other. \_\_\_\_\_ 5. Number, in order of birth. \_\_\_\_\_ 6. Signature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth July 22 1923  
(Month, day, year)

9. Full name FATHER  
J. C. Goodman

18. Full maiden name MOTHER  
Jannie Mae Jones

10. Residence (usual place of abode)  
(If non-resident, give place and State) Cross Hill, SC

19. Residence (usual place of abode)  
(If non-resident, give place and State) Cross Hill, SC

11. Color or race W 12. Age at last birthday 1 (years)

20. Color or race W 21. Age at last birthday 41 (years)

13. Birthplace (city or place)  
(State or country) SC

22. Birthplace (city or place)  
(State or country) SC

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_

17. Total time (years) spent in this work \_\_\_\_\_

26. Total time (years) spent in this work \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) \_\_\_\_\_ (a) Born alive and now living. \_\_\_\_\_ (b) Born alive but now dead. \_\_\_\_\_ (c) Stillborn. \_\_\_\_\_

28. If stillborn, \_\_\_\_\_ months \_\_\_\_\_ weeks \_\_\_\_\_ 29. Cause of stillbirth. \_\_\_\_\_ (Before labor. \_\_\_\_\_ During labor. \_\_\_\_\_)

Specify any physical deformities of child at birth. \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ M. on the date above stated.

{ When there was no attending physician }  
{ or midwife, then the father, householder, }  
{ etc., should make this return. }

(Signed) D. B. Kinard, M.D.

Given name added from \_\_\_\_\_  
a supplemental report \_\_\_\_\_  
(Date of) \_\_\_\_\_

or \_\_\_\_\_, Midwife

Address Ninety Six, SC  
Filed Aug. 7, 1939 M. B. Woodward, M. D.

Registrar.

Registrar.