

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 <u>Greenville</u> Township of <u>Ninety Six</u> or Inc. Town of <u>"</u> or City of <u>"</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>2301</u>		23 046602		
2. FULL NAME OF CHILD <u>Carroll Goodman</u> (If child is not yet named, make supplemental report as directed.)		Registered No. _____ (For use of Local Registrar)		St. _____ Ward _____		
3. Boy or Girl <u>Boy</u>	If Plural birth	4. Twin, triplet, or other	5. Number, in order of birth	6. <u>Term</u>	7. Are Parents Married <u>yes</u>	8. Date of birth <u>July 22 1923</u> (Month, day, year)
9. Full name of FATHER <u>J. C. Goodman</u>			18. Full maiden name of MOTHER <u>Jannie Mae Jones</u>			
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Cross Hill, S.C.</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Cross Hill, S.C.</u>			
11. Color or race <u>W</u>	12. Age at last birthday <u>11</u> (years)		20. Color or race <u>W</u>	21. Age at last birthday <u>41</u> (years)		
13. Birthplace (city or place) (State or country) <u>S.C.</u>			22. Birthplace (city or place) (State or country) <u>S.C.</u>			
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Textile</u>			OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>			
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		17. Total time (years) spent in this work		25. Date (month and year) last engaged 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		
28. If stillborn, period of gestation		29. Cause of stillbirth		(c) Stillborn		
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. (Born alive or stillborn)						
When there was no attending physician } or midwife, then the father, householder, } etc., should make this return.						
(Signed) <u>D. B. Kinard</u> , M.D.						
or _____, Midwife						
Address <u>Ninety Six, S.C.</u>						
Filed <u>Aug. 7,</u> 19 <u>39</u> <u>M. B. Woodward, M. D.</u> Registrar.						