

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Wilmington
Township of U
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
3573

Registration District No. 10-A Registered No. 22
(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 Marothy Berry (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 — (6) Are Parents Married? No (7) DATE OF BIRTH Feb 17 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Johnas Goodson
(9) PRESENT POSTOFFICE OF FATHER Wilmington
(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 27
(Year)
(12) BIRTHPLACE Wilmington Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Anabel Berry
(15) PRESENT POSTOFFICE OF MOTHER Wilmington Co
(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22
(Year)
(18) BIRTHPLACE Wilmington Co
(19) OCCUPATION Farm work
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Deila Berry
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Wilmington

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Jan 22 1923 (28) 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.