

PREPARED BY THE STATE DEPARTMENT OF HEALTH, DIVISION OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH
County of Wilmington
Township of 11
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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)

(2) Full Name of Child Marothy Berry (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 17, 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Johnas Goodson</u>	(14) NAME BEFORE MARRIAGE <u>Anahel Berry</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Wilmington</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Wilmington Co</u>
(9) COLOR OR RACE <u>col</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(10) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Wilmington Co</u>	(16) BIRTHPLACE <u>Wilmington Co</u>	(18) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Farm work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 7 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 (28) Deila Berry 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.