

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Cherokee</u>		STATE OF SOUTH CAROLINA		822	
Township of <u>Stellen</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Midland A.C.</u>		State Board of Health			
City of <u>Cherokee</u>		Registration District No. <u>1207</u>		Registered No. <u>?</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St. .... Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Odette Mary Goney</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5</u> 19 <u>22</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Murdoch Goney</u>			(14) NAME BEFORE MARRIAGE <u>Adeline Heiske</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Midland A.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Midland A.C.</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>33</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)		
(12) BIRTHPLACE <u>Cherokee Co. S.C.</u>			(18) BIRTHPLACE <u>Marlington Co. S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming Wife</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 <u>born alive</u> at <u>10:30 P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Lola M. Mountain</u>					
(24) State whether Physician or Midwife <u>midwife</u>			(25) Address of Physician or Midwife <u>Midland A.C.</u>		
Given name added from a supplemental report					
(26) Witness <u>Madge L. Goney</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>Jan 5</u> 19 <u>22</u>			(28) <u>D. H. B. B.</u> 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.					

Record 99 Columbia, Columbia, S. C.