

Form No. 1

(1) PLACE OF BIRTH

County of Laurens
 Township of Cross Hill
 OF
 Inc. Town of
 OF
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

4393

Registration District No. 2900 Registered No. 2
 (For use of Local Registrar)

(2) Full Name of Child Jeanie Lee Golden (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Male (7) DATE OF BIRTH Feb 27 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Perry Golden
 (9) PRESENT POSTOFFICE OF FATHER Cross Hill S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 31 (Year)
 (12) BIRTHPLACE Cross Hill S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Alice McGowan
 (16) PRESENT POSTOFFICE OF MOTHER Cross Hill S.C.
 (17) COLOR OR RACE Black (18) AGE AT LAST BIRTHDAY 25 (Year)
 (19) BIRTHPLACE Cross Hill S.C.
 (20) OCCUPATION Housewife
 (21) 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 Alice at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. W. Workman
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross Hill S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar 1 1923 (28) J. S. Penson 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 3.
 Bureau of Census, Columbia, S. C.