

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 2.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. <u>30750</u>	
County of <u>Aiken</u>		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics	
Township of <u>Ans. Tier</u>		State Board of Health		Registration District No. <u>2.0.8.</u> Registered No. <u>1.6.</u>	
Inc. Town of.....		(For use of Local Registrar)		(No. .... St. .... Ward)	
City of.....		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		if child is not yet named, make supplemental report as directed	
(2) Full Name of Child <u>Daniel Thomas Goldman</u>					
(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Oct. 23 1923</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Billy Goldman</u>			(14) NAME BEFORE MARRIAGE <u>Annie G. Palmer</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Carle St</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Carle St</u>		
(10) COLOR OR RACE <u>white</u>			(11) AGE AT LAST BIRTHDAY <u>42</u>		
(12) BIRTHPLACE <u>Greenwood Co</u>			(16) COLOR OR RACE <u>white</u>		
(13) OCCUPATION <u>Farmer</u>			(17) AGE AT LAST BIRTHDAY <u>20</u>		
(18) BIRTHPLACE <u>Aiken Co</u>			(19) OCCUPATION <u>Housewife</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>Alive</u> at <u>9 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Julia Fox</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Carle St</u>					
Given name above from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
.....			(27) Filed <u>11/2</u> 1923 (28) <u>L. C. J. J. J. J.</u> Local Registrar.		
When there is 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.					