

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

(1) PLACE OF BIRTH

County of Anderson
Township of Marion
or
Inc. Town of
City of (No. St. Ward)

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

No. for this birth only
34685

Registration District No. 315 Registered No. 106
(For use of Local Registrar)

(2) Full Name of Child

Oscar Johnston (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Infant To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Age of Parent Months	(7) DATE OF BIRTH <u>Mar 23, 23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. Johnston</u>			(14) NAME BEFORE MARRIAGE <u>Josephine Robison</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Anderson, S. C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Anderson, S. C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Year)	(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(16) BIRTHPLACE <u>Anderson, S. C.</u>
(17) BIRTHPLACE <u>Anderson, S. C.</u>			(18) OCCUPATION <u>Farmer</u>	
(19) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5:40 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. J. Smith
(24) State whether Physician or Midwife

(Given name added from a supplemental report)

(25) Witness J. J. Lacey
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec 10, 23 (28) J. L. Lacey

When there was no attending physician or midwife, then the father, mother, or other person, must not be reported as such, but as a witness. If a child breathes even once, it must not be reported as stillborn, but as born, before the birth month of pregnancy.