

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 IN 2—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 1.

(1) PLACE OF BIRTH

County of A. S. Lincoln  
 Township of Magnolia  
 Inc. Town of .....

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

No. 11.—For State Registrar Only  
**80705**

Registration District No. 109 Registered No. 103  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Rose Johnson If child is not yet named, make supplemental report as directed

(3) SEX OR Girl (4) Type or Triplet No (5) Number in order of birth 1st (6) DATE OF BIRTH Oct 13 23  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (7) FULL NAME .....  
 (8) PRESENT RESIDENCE OF FATHER .....  
 (9) COLOR OR RACE ..... (10) AGE AT LAST BIRTHDAY ..... (Year)  
 (11) BIRTHPLACE .....  
 (12) OCCUPATION .....  
 (13) Number of children born to mother, including present birth 6

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Agnes Ann Johnson  
 (15) PRESENT RESIDENCE OF MOTHER Calhoun Falls, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Year)  
 (18) BIRTHPLACE Aberville Co  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. L. Lewis (23) Address of Physician or Midwife Calhoun Falls  
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(26) Filed Oct 24 1923 (27) H. L. Spencer 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.