

(1) PLACE OF BIRTH

County of GeorgetownTownship of # 3or Loc. Town of Georgetown, S.C.City of Georgetown, S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only

42510

Registration District No. 21ARegistered No. 110

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child Lyda May Johnston

If child is not yet named, make supplemental report as directed

(7) DATE OF BIRTH Dec. 29, 1922

(Name of Month) (Day) (Year)

(1) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes

To be answered only in event of Twins or Triplets

FATHER. (14) NAME BEFORE MARRIAGE Eva May Rowell(15) PRESENT POSTOFFICE OF MOTHER Georgetown, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Monrovia, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth one(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M.

on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) N. D. Beckman(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Georgetown, 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 Jan. 1923 (28) Mrs. R. J. King 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.