

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Fairfield  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....

(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

42246

Registration District No. 1906 Registered No. 106  
 (For use of Local Registrar)

(2) Full Name of Child Johnnie Corn

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>December 19, 22</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Johnnie Corn  
 (9) PRESENT POSTOFFICE OF FATHER Melron S C  
 (10) COLOR OR RACE Coker (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE Sarfield S C  
 (13) OCCUPATION farming  
 (20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Harry Ellen  
 (15) PRESENT POSTOFFICE OF MOTHER Melron S C  
 (16) COLOR OR RACE calet (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Sarfield S C  
 (19) OCCUPATION farming  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was December 19, 22 at 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary arford  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Mary arford

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

(27) Filed 12/28/22 (28) L. E. Hooper 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.

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RECEIVED OF COLUMBIA, COLUMBIA, S. C.