

MARGIN RESERVED FOR HINDING.

WHITE 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 5.

Register of Deaths, Columbia, S. C.

(1) PLACE OF BIRTH

County of Oconee  
Township of Waynes  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

2113

Registration District No 3106 Registered No. 9  
(For use of Local Registrar)

(2) Full Name of Child Clyde Frances Johnson (If child is not yet named, make name as directed)

3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH May 16, 1922  
(Month) (Day) (Year)

FATHER		MOTHER	
8) FULL NAME <u>Frank F. Johnson</u>	14) NAME BEFORE MARRIAGE <u>Lillie Jones</u>	15) PRESENT POSTOFFICE OF FATHER <u>West Union</u>	15) PRESENT POSTOFFICE OF MOTHER <u>West Union</u>
10) COLOR OR RACE <u>white</u>	11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	16) COLOR OR RACE <u>white</u>	17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
12) BIRTHPLACE <u>Pine Mountain, Ga.</u>	13) OCCUPATION <u>Farmer</u>	18) BIRTHPLACE <u>Oconee</u>	18) OCCUPATION <u>Housewife</u>
20) Number of children born to mother, including present birth <u>5</u>	21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) H. J. Jones M.D.  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wichita, Kan.

Given name added from a supplemental report

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

(27) Filed May 20, 1922 (28) R. A. Phelps 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.