

## (1) PLACE OF BIRTH

County of Berkley Co  
 Township of 166 Jester  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for this Register 1913  
**34871**

Registration District No. 1.00 Registered No. ....  
 (For use of Local Registrar)

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

(2) Full Name of Child Ginter Johnston If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl (4) Twin or Triplet no (5) Number in order of birth 1 (6) Age at birth yes (7) DATE OF BIRTH Nov 29, 13  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Jess Johnston  
 (9) PRESENT RESIDENCE OF FATHER Ridgelyville S.C.  
 (10) COLOR OR RACE Coard (11) AGE AT LAST BIRTHDAY 30  
 (Year)  
 (12) BIRTHPLACE Orangeburg S.C.  
 (13) OCCUPATION Public work  
 (14) Number of children born to mother, including present birth 4

MOTHER.  
 (14) NAME BEFORE MARRIAGE Minnie Johnston  
 (15) PRESENT RESIDENCE OF MOTHER Ridgelyville S.C.  
 (16) COLOR OR RACE Coard (17) AGE AT LAST BIRTHDAY 25  
 (Year)  
 (18) BIRTHPLACE Orangeburg S.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING-PHYSICIAN OR MIDWIFE

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

(22) (Signature) Frederick Boyd  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Ridgelyville

Given name added from a supplemental report

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

(26) Filed Nov 29, 13 (27) Dr. J. H. Smith

When there is no attending physician or midwife, then the father, householder, etc., must sign. In a child born in even case, it must not be reported as stillborn. The child is to be reported before the first month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 11