

(1) PLACE OF BIRTH

County of Kershfield
 Township of Shelburne
 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

30042

Registration District No. 1814Registered No. 44
(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

(If child is not yet named, make supplemental report 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 9 11 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jesse Franklin
 (9) PRESENT POSTOFFICE OF FATHER Johnson
 (10) COLOR OR RACE Beano (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE Johnson
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Wife Cowley
 (15) PRESENT POSTOFFICE OF MOTHER Johnson
 (16) COLOR OR RACE Beano (17) AGE AT LAST BIRTHDAY 17
 (18) BIRTHPLACE Johnson
 (19) OCCUPATION Farming
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. H. B. McQueen

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Johnson

Given name added from a supplemental report

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

(27) Filed Oct 9 1922 (28) L. L. Maxwell 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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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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.