

MARGIN RESERVED FOR BINDING.
 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.

(1) PLACE OF BIRTH

County of Lancasterfield
 Township of
 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
3660/9

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

(2) Full Name of Child

(No. mae) St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Carrie Lee Johnson
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Feb 20
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carrie Johnson
 (9) PRESENT POSTOFFICE OF FATHER Walter B. S.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24
 (12) BIRTHPLACE Wilmington
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary McFarland
 (15) PRESENT POSTOFFICE OF MOTHER McBee St
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 20
 (18) BIRTHPLACE Wilmington
 (19) OCCUPATION Farmer
 (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 alive at 8 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
offic 26-51 (23) (Signature) Annie Wilson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

(28) Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.