

(1) PLACE OF BIRTH

County of Wm. BurgTownship of J. Johnsonor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54056

Registration District No. 4304 Registered No. 19
(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. Laura A. Sanders ... } If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Mar. 9 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. J. Johnson(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Olivia Sanders(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY (Years) 38(18) BIRTHPLACE S.C.(19) OCCUPATION By Labor in Farm(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at Columbia M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Dr. J. Johnson (23) Address of Physician or Midwife Columbia S.C.(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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Registrar

(25) Witness L. K. Carl

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

(26) Filed Apr. 15, 1914 (27) L. K. Carl 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.

MARGIN RESERVED FOR BINDING.
WRITE 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 N. No. 1. THE OTHER, N. No. 2, etc., in question 5.