

2. B-2b 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 1.

14 (1) PLACE OF BIRTH

County of Rock

Township of Brooklyn

or

1st. Town of..... R

or

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

26681

Registration District No. 4402 Registered No. 117
(For use of Local Registrar)

(2) Full Name of Child John D. Smith (If child is in a hospital or other institution, give name of same instead of street and number.)

(2) BOY OR GIRL	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			Yes	October 23 1929

(10) NAME OF MOTHER. MOTHER.

(18) PRESENT *21/11/1968*

(10) COLOR ON BACK	(11) AGE AT LAST BIRTHDAY	(12) COLOR OF MOTHER
Black	25	Black

(16) BIRTHPLACE Cal (17) AGE AT LAST BIRTHDAY 21

15. OCCUPATION Self Work

Formo.

29. Number of children born to mother, including present birth 1 1

CERTIFICATE OF ATTENDING PHYSICIAN (OR NURSE-MIDWIFE)

20) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(20) (Signature) Alta Johnson (How all or stillborn) (How A. M. or P. M.)

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *1111 1st St. N. W.*

Given name used from a supplement-
tal report

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

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Registrar

Non 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. Local Registrar.

Before the fifth month of pregnancy.