

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, No. 1, THE OTHER, No. 2, etc., in question 5.

MCCAB OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
County of Greenwood  
Township of Greenwood  
or  
Inc. Town of Greenwood  
or  
City of Greenwood, S.C. (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**4441**

Registration District No. 73a Registered No. 70  
(For use of Local Registrar)

(2) Full Name of Child Foster Winn Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1-6-22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm Sanford Johnson

(9) PRESENT POSTOFFICE OF FATHER Greenwood, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 yrs  
(Years)

(12) BIRTHPLACE Calhoun County, Georgia

(13) OCCUPATION Mill Operative

(20) Number of children born to mother, including present birth Seven (7)

## MOTHER.

(14) NAME BEFORE MARRIAGE Sylvania Arlie Senior

(15) PRESENT POSTOFFICE OF MOTHER Greenwood, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 yrs  
(Years)

(18) BIRTHPLACE Elberton, Ga.

(19) OCCUPATION Mill Operative

(21) Number of children of this mother now living, including present birth Seven (7)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 2:45 P.M. on the date above stated. (Very alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) R. H. Green, M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood, S.C.

Given name added from a supplemental report

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

(27) Filed 3/10/22 (28) W. A. Williams 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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