

1. PLACE OF BIRTH

County of Franklin

Township of _____

or

Inc. Town of Meyers P.O.

or

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar Only

21384 A

Registration District No. 909

Registered No. _____

(For use of Local Registrar)

(No. Courtesy Club Magnolia Ave Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Gladys Juanita Johnson { If child is not yet named, make supplemental report as directed.3. BOY OR GIRL Girl

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

July 29 1922
(Name of Month (Day) (Year))

To be answered only in event of Twins or Triplets

8. FULL NAME

FATHER

9. PRESENT POSTOFFICE OF FATHER

10. COLOR OR RACE W11. AGE AT LAST BIRTHDAY 24 (Years)

12. BIRTHPLACE

13. OCCUPATION

20. Number of children born to mother, including present birth { 3

MOTHER

14. NAME BEFORE MARRIAGE

15. PRESENT POSTOFFICE OF MOTHER

16. COLOR OR RACE W17. AGE AT LAST BIRTHDAY 21 (Years)

18. BIRTHPLACE

19. OCCUPATION

21. Number of children of this mother { now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at 6:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Dr. Paul Wilson

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

_____, 192____

Registrar

26. _____

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

27. Filed 9/171930

28. _____

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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