

(1) PLACE OF BIRTH

County of Furmanville

Township of

or

Inc. Town of

or

City of Furmanville

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

4260

Registration District No. 22A Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child Edison Magnolia

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL X

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes

(7) DATE OF BIRTH

Jan 3 1922

(Specify Month) (Day) (Year)

FATHER

(1) FULL NAME James Thomas Johnson(2) PRESENT RESIDENCE OFFICE OF FATHER Furmanville S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE Secon Co S.C.(13) OCCUPATION Columbia(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Carrie Lou Johnson(15) PRESENT RESIDENCE OFFICE OF MOTHER Furmanville S.C.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 36

(Years)

(18) BIRTHPLACE Secon Co S.C.(19) OCCUPATION House wife(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 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Smith

(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 22 is signed by mark)

(27) Filed Feb 18 1922 (28) W. M. Smith 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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BUREAU OF COLUMBIA, COLUMBIA, S. C.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.