

(1) PLACE OF BIRTH

County of Clarendon
 Township of Cosco
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

840

Registration District No. 1302 Registered No. 7
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

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

(3) BOY OR GIRL Girl (4) Twins or Triplets (5) Number in order of birth (6) Any previous marriages (7) DATE OF BIRTH Jan. 15, 1922
 To be answered only in event of Twins or Triplets (State of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Henry Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Rosa Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Summerville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Summerville</u>
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Years)	(16) COLOR OR RACE <u>Col.</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)
(12) BIRTHPLACE <u>Clarendon Co</u>	(18) BIRTHPLACE <u>Clarendon Co</u>	(13) OCCUPATION <u>Lumber Sale</u>	(19) OCCUPATION <u>Feed & Horse</u>
(20) Number of children born to mother, including present birth <u>one</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn?) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Esther L. Moore
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) F. E. Polking
 (27) File No. 1302-22 (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.

MADE BY THE STATE BOARD OF HEALTH

STATE OF SOUTH CAROLINA, COLUMBIA, S. C.