

(1) PLACE OF BIRTH

County of Maclaine

Township of

or
Inc. Town ofor
City of Bennettsville (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

39386

Registration District No. 33ARegistered No. 118
(For use of Local Registrar)(2) Full Name of Child Marian Elizabeth Johns (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>1</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>11</u> <u>1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Griffith W. Johns9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)12) BIRTHPLACE Maclaine County13) OCCUPATION clerk20) Number of children born to mother, including present birth 1

MOTHER.

14) NAME BEFORE MARRIAGE Elizabeth Casper15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)18) BIRTHPLACE S.C. Can19) OCCUPATION housewife21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Laura Alice at 7:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Bennettsville 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 Dec 5 1922 (28) Wm. H. K. Pate 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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