

(1) PLACE OF BIRTH

County of Anderson
 Township of Jayannah
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 311

No. for State Registrar
263

Registered No. 1
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Selma Johnson

(1) SEX OR Girl (4) Type or Triplet (5) Number in order of birth (6) Age at birth (7) DATE OF BIRTH Jan 5 1923
 To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME Deiley Harris
 (9) PRESENT RESIDENCE OF FATHER Anderson S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 29
 (12) BIRTHPLACE Anderson S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Beneath Johnson
 (15) PRESENT RESIDENCE OF MOTHER Anderson S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE Anderson S.C.
 (19) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 3

(21) Number of children of this mother now living, including present birth 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannie Reed(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Anderson 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 Jan 19 1923

19
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.