

WRITE PLAINLY, WITH UNFADING INK—FILL IN A PENCIL OR PENCIL-LEAD IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of *Durham*

Township of *North*

Inc. Town of

City of

(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

Registration District No. *12.4.3*

File No.—For State Registrar Only
3434

Registered No. *30*

(For use of Local Registrar)

(2) Full Name of Child

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

1. SEX OF CHILD <i>Girl</i>	2. Twin or Triplet? <i>No</i> To be answered only in case of Twins or Triplets	3. Number in order of birth <i>1</i>	4. Age <i>4</i>	5. DATE OF BIRTH <i>Feb 21 1923</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
6. FULL NAME <i>John Robert Johnson</i>			14. NAME BEFORE MARRIAGE <i>Leila Ardena Doss</i>	
7. PRESENT RESIDENCE OF FATHER <i>Chickadee, S.C.</i>			15. PRESENT RESIDENCE OF MOTHER <i>Chickadee, S.C.</i>	
10. COLOR OR RACE <i>White</i>	11. AGE AT LAST BIRTHDAY <i>41</i> (Year)	16. COLOR OR RACE <i>White</i>		
12. BIRTHPLACE <i>S.C.</i>		17. AGE AT LAST BIRTHDAY <i>29</i> (Year)		
13. OCCUPATION <i>Merchant</i>			18. OCCUPATION <i>Housewife</i>	
19. Number of children born to mother, including present birth <i>Seven</i>			20. Number of children of this mother now living, including present birth <i>Six</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child *born alive* at *9:10 P.M.* on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Dr. J. H. Hatcher*

(24) Since *Physician* (Physician or Midwife)

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 24 is signed by mark)

(26) Signed *James S. Watson* 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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