

(1) PLACE OF BIRTH

County of *Orangeburg*  
Township of *Orangeburg*  
OF  
Inc. Town of *North*  
OR  
City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43962

Registration District No. *3604*

Registered No. *110*  
(For use of Local Registrar)

(2) Full Name of Child

*Infant Not Named 1910*

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

(3) BOY OR GIRL *2 Boys* (4) Twin or Triplet *Triplet* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Dec 15 1920*  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Robert Johnson*  
(9) PRESENT POSTOFFICE OF FATHER *Orangeburg Co North S.C.*  
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *42* (Year)  
(12) BIRTHPLACE *Orangeburg, S.C.*  
(13) OCCUPATION *Transfer Business*  
(20) Number of children born to mother, including present birth *12*

MOTHER.

(14) NAME BEFORE MARRIAGE *Sally With*  
(15) PRESENT POSTOFFICE OF MOTHER *North S.C.*  
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *32* (Year)  
(18) BIRTHPLACE *Orangeburg Co*  
(19) OCCUPATION *Housewife*  
(21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 P.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mr. Susan K. Harley midwife*  
(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *North S.C.*

Given name added from a supplemental report

(26) Witness *Test. J. D. Jones M.D.*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Dec 20 1922* (28) *J. P. Hoyle* 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.