

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARATION FOR EACH CHILD, and mark the
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, in question 5.
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston
 Township of Jefferson
 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

3688

Registration District No. 1204Registered No. 3
 (For use of Local Registrar)

City of _____ (No. _____ St.; _____ Ward)
 (if birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR
GIRLgirl(4) Twin
or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married?yes

(7) DATE OF

BIRTH Jan 27, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEGeorge Steadman Johnson(9) PRESENT
POSTOFFICE
OF FATHERJefferson SC(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY33

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

farmer

MOTHER.

(14) NAME BEFORE
MARRIAGEStella Knight(15) PRESENT
POSTOFFICE
OF MOTHERJefferson SC(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY32

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife(20) Number of children born to
mother, including present birth3(21) Number of children of this mother
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:15 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Joseph E. Thomas

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Jefferson S.C.Given name added from a supplemen-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

19

(28)

19

(29) D.L. Blackman
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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