[illegible]

[illegible] of .....

City of .....

(If birth occurs in a hospital or other [illegible])

(2) Full Name of Child [illegible]

[illegible] Boy	[illegible]	[illegible]	[illegible]	[illegible]

(3) [illegible] Archie Johnson	(4) [illegible] Maggie [illegible]
(5) [illegible] Mt Pleasant S.C.	(6) [illegible] Mt Pleasant [illegible]
(7) [illegible] White (8) [illegible] 2 [illegible]	(9) [illegible] White (10) [illegible]
(11) [illegible] Berkeley Co	(12) [illegible] Charleston Co
(13) [illegible] Farm labor	(14) [illegible] House wife
(15) Number of children born to mother, including present birth 1 3	(16) Number of children of this mother [illegible] 1 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife [illegible] Physician [illegible]

Given name added from a supplemental report

.....

..... 19 ....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 26 is signed by [illegible])

(27) Filed [illegible] 19 [illegible]

*When there was no attending physician or midwife [illegible]
If a child breathes even once, it must not be [illegible]