

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Richland  
Township of Low  
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

20025

Registration District No. 3803 Registered No. 146  
(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 Martha Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 18 22  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Frank Johnson  
(9) PRESENT POSTOFFICE OF FATHER Hopkins P.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28  
(Years)  
(12) BIRTHPLACE P.C.  
(13) OCCUPATION farmer  
(20) Number of children born to mother, including present birth 5

MOTHER.  
(14) NAME BEFORE MARRIAGE Maggie Richardson  
(15) PRESENT POSTOFFICE OF MOTHER Hopkins P.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 24  
(Years)  
(18) BIRTHPLACE P.C.  
(19) OCCUPATION   
(21) Number of children of this mother now living, including present birth 5

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. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Johnson  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Hopkins P.C.  
Given name added from a supplemental report  
(26) Witness Mrs. W. G. Johnson  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 7/8/22 (28) Local Registrar Mrs. W. G. Johnson

\*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.