

## (1) PLACE OF BIRTH

County of Franklin  
Township of Coal Hill  
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

14305

Registration District No. 1302

Registered No. 37  
(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

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

3) BOY OR GIRL?	4) Twin or Triplet?	5) Number in order of birth	6) Are Parents Married?	7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			May 2, 1922 (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME	Johnson		14) NAME BEFORE MARRIAGE	Murdle Roane
9) PRESENT POSTOFFICE OF FATHER	Rich Sc		15) PRESENT POSTOFFICE OF MOTHER	Rich Sc
10) COLOR OR RACE	11) AGE AT LAST BIRTHDAY	24 (Years)	16) COLOR OR RACE	White (Years)
12) BIRTHPLACE	Richfield Co		17) AGE AT LAST BIRTHDAY	19 (Years)
13) OCCUPATION	Farmer		18) BIRTHPLACE	Richfield Co
20) Number of children born to mother, including present birth	11		19) OCCUPATION	House Keeping
			21) Number of children of this mother now living, including present birth	11

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Dr. H. H. Hickey  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report.

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

(27) Filed June 12, 2012 (28) 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.  
before the fifth month of pregnancy.