

Form No. 1

## (1) PLACE OF BIRTH

County of DorchesterTownship of KayOR  
Inc. Town of .....OR  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34227

Registration District No. 1705 Registered No. 72  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 12 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 14 1922  
(Name) (Month) (Day) (Year)

## FATHER

(8) FULL NAME Copier Johnston(9) PRESENT POSTOFFICE OF FATHER Reeserville N.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 47  
(Years)(12) BIRTHPLACE N.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 12

## MOTHER

(14) NAME BEFORE MARRIAGE Emma Whetsel(15) PRESENT POSTOFFICE OF MOTHER Reeserville N.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33  
(Years)(18) BIRTHPLACE N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive 11 A.M.  
on the date above stated. (Born alive or stillborn) (Hour of Day P.M.)(23) (Signature) Copier Johnston(24) State whether Physician or Midwife Physician (Address of Physician or Midwife)  
Father of Child Reeserville N.C.

Given name added from a supplemental report

(26) Witness E.C. Chelant  
(Signature of Witness necessary only when question 23 is signed by parent)(27) Filed Nov 1 1922 (28) E.C. Chelant  
Registrar 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.

BUREAU OF COLUMBIA, COLUMBIA, S. C.