

(1) PLACE OF BIRTH

County of Florence
 Township of J. P. Wilcox
 OF
 Inc. Town of
 OF
 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
30238

Registration District No. 2011 Registered No. 29
 (For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Bessie Lee Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH July 20, 22
 (Name of month) (Day) (Year)

FATHER.

(8) FULL NAME Early Johnson
 (9) PRESENT POSTOFFICE OF FATHER Effingham
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Labourer
 (20) Number of children born to mother, including present birth 15

MOTHER.

(14) NAME BEFORE MARRIAGE Estell McCall
 (15) PRESENT POSTOFFICE OF MOTHER Effingham
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Year)
 (18) BIRTHPLACE SC
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Corinna McCallister (24) State whether Physician or Midwife mid (25) Address of Physician or Midwife Effingham SC 22

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 25, 22 (28) W. H. Hance 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.

N. B. — In case of TWINS or TRIPLETS use a SEPARATE REPORT for EACH. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Metropolitan Columbia, B. O.