

IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK AS FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 4.

(1) PLACE OF BIRTH
 County of York
 Township of Volkmersburg
 Inc. Town 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
2762

Registration District No. 4404 Registered No. 6
 (For use of Local Registrar)

(2) Full Name of Child Leifur Johnson (No. _____ St. _____ Ward _____)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Any Parents Married? _____ (7) DATE OF BIRTH Jan. 26 1922
 (Specify of Month) (Day) (Year)

FATHER
 (8) FULL NAME: Leifur Johnson
 (9) PRESENT POSTOFFICE OF FATHER: Rock Hill, S.C.
 (10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: _____ (Years)
 (12) BIRTHPLACE: _____
 (13) OCCUPATION: Farm work
 (20) Number of children born to mother, including present birth: 7

MOTHER
 (14) NAME BEFORE MARRIAGE: Alma Young
 (15) PRESENT POSTOFFICE OF MOTHER: Rock Hill, S.C.
 (16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY: _____ (Years)
 (18) BIRTHPLACE: _____
 (19) OCCUPATION: Farm work
 (21) Number of children of this mother now living, including present birth: 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (23) I hereby certify that I attended the birth of this child, who was above At 5:00 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)
 (24) State whether Physician or Midwife Midwife (25) Address of Phys. 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 2/27 1922 (28) J. R. Miller 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.