

N. H.—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.

(1) PLACE OF BIRTH

County of Orangeburg
Township of Snidley
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
16322

Registration District No. 3620 Registered No. 45
(For use of Local Registrar)

(No. Sec. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Johnnie Cash

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 18 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME C. D. Cash
(9) PRESENT POSTOFFICE OF FATHER Arby SC
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 36
(Year) (12) BIRTHPLACE Arby or SC
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 6

MOTHER

(14) NAME BEFORE MARRIAGE Emma Shuler
(15) PRESENT POSTOFFICE OF MOTHER Arby SC
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 32
(Year) (18) BIRTHPLACE Arby or SC
(19) OCCUPATION Work on Farm
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Wash

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Arby SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1 19 22

(28)

M. S. Shuler 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.