

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITHOUT FADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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 4.
 Register of Citizens, Columbia, S. C.

(1) PLACE OF BIRTH

County of Arden
 Township of Slacks Hall
 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
2888

Registration District No 212... Registered No. 9.....
 (For use of Local Registrar)

(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 James Johnson 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) Are Parents Married? yes (7) DATE OF BIRTH Feb 1 19 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Johnson
 (9) PRESENT POSTOFFICE OF FATHER Hawthorne
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Arden Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Kate Oakman
 (15) PRESENT POSTOFFICE OF MOTHER Hawthorne
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Arden Co
 (19) OCCUPATION House wife
 (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 at 4 a.m., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Jane Oakman
 (24) State whether (Physician or Midwife) (25) Address of Physician or Midwife
Midwife Hawthorne

Given name added from a supplemental report

(26) Witness when question 23 is signed by mark)

(27) Filed 2/14 19 22 (28) S. T. Owens
 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.