

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY. WITH ENFOLDING END—THIS IS A PERMANENT RECORD.
 H. 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 1.

(1) PLACE OF BIRTH

County of Aiken
 Township of Windsor
 Inc. Town of.....
 City of.....

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 1a.—For this Register only
30779

Registration District No. 216 Registered No. 158
 (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 Lila Johnson (If child is not yet named, make supplemental report as directed)

(3) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are parents married? Yes (7) DATE OF BIRTH Oct 25 1923
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME John Johnson
 (9) PRESENT RESIDENCE OF FATHER White Pond
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 44
 (12) BIRTHPLACE Aiken Co
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 6

MOTHER
 (15) NAME BEFORE MARRIAGE Mrs. Grayson
 (16) PRESENT RESIDENCE OF MOTHER White Pond
 (18) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37
 (19) BIRTHPLACE Aiken Co
 (20) OCCUPATION Domestic
 (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 12 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lila Johnson (24) State whether Physician or Midwife (25) Address of Physician or Midwife White Pond

Given name added from a supplemental report

 19

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed Oct 26 1923 (28) OK Wink 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.