

THIS UNFOLDING LINK—THIS IS A PERMANENT RECORD.
 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.

Model of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Magnolia
 OF
 Inc. Town of.....
 OF
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
5633

Registration District No. 109 Registered No. 23
 (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 Imminie Lee Johnson If child is not yet named, make supplemental report as directed

(7) BOY OR GIRL Girl (8) Twin or Triplet No (9) Number in order of birth 1 (10) Are Parents Married? No (11) DATE OF BIRTH March 7, 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(12) FULL NAME		(14) NAME BEFORE MARRIAGE	<u>Bertha Johnson</u>
(13) PRESENT POSTOFFICE OF FATHER		(15) PRESENT POSTOFFICE OF MOTHER	<u>Balltown Falls, S.C.</u>
(16) COLOR OR RACE		(17) AGE AT LAST BIRTHDAY	<u>21</u>
(18) BIRTHPLACE		(19) BIRTHPLACE	<u>Abbeville, S.C.</u>
(20) OCCUPATION		(21) OCCUPATION	<u>Domestic</u>
(22) Number of children born to mother, including present birth	<u>2</u>	(23) Number of children of this mother now living, including present birth	<u>2</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was alive at 6:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) Imminie Lee Johnson (26) State whether, Physician or Midwife Midwife (27) Address of Physician or Midwife Balltown Falls

Given name added from a supplemental report

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

19

(29) Filed March 18, 1923 (30) File No. 5633
 Registrar 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.