

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

19808

Registration District No. 3701

Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child

Unborn

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

(3) SEX
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Age
at Birth

(7) DATE OF

BIRTH June 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Henry Johnson

(9) PRESENT
POSTOFFICE
OF FATHER

Dacusville

(10) COLOR
OR
RACE

Negro

(11) AGE AT LAST
BIRTHDAY43
(Years)

(12) BIRTHPLACE

L.C.

(13) OCCUPATION

Farming

(20) Number of children born to
mother, including present birth

8

MOTHER.

(14) NAME BEFORE
MARRIAGE

Matilda Keith

(15) PRESENT
POSTOFFICE
OF MOTHER

Dacusville

(16) COLOR
OR
RACE

Negro

(17) AGE AT LAST
BIRTHDAY34
(Years)

(18) BIRTHPLACE

L.C.

(19) OCCUPATION

Domestic

(21) Number of children of this mother
now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Rebecca King

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Dacusville

Given name added from a supplement
report

(26) Witness

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

(27) Filed

July 3, 1922

(28)

H. M. Conner

Local Registrar.

*When there was no attending physician or midwife, when 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.STATE PLAINLY, WITH UNFADING 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 5.