

(1) PLACE OF BIRTH

County of Yorkfield

Township of

OF

Inc. Town of

OF

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

40154

Registration District No. Registered No. 1911

(For use of Local Registrar)

(2) Full Name of Child Mary Johnston If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth one(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 28

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Johnston(9) PRESENT POSTOFFICE OF FATHER Windsor(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 26

(Years)

(12) BIRTHPLACE Yorkfield(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Hughes(15) PRESENT POSTOFFICE OF MOTHER Windsor(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE Yorkfield(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

(28)

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.

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