

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Parole  
 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

32296

Registration District No. 4006

Registered No. 126  
(For use of Local Registrar)

City of ..... (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 Flora Carolyn Johnson 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 ..... 6) Are Parents Married? yes 7) DATE OF BIRTH 9-26-22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Burley Johnson  
 9) PRESENT POSTOFFICE OF FATHER Trough, S.C.  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 22  
 12) BIRTHPLACE W.C.  
 13) OCCUPATION Carpenter  
 20) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Ethel Lawler  
 15) PRESENT POSTOFFICE OF MOTHER Trough, S.C.  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 19  
 18) BIRTHPLACE S.C.  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) M. S. H. H. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. D. Parole S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 1, 22 (28) M. W. Brown 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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RECEIVED SEPTEMBER 28, 1922. BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, COLUMBIA, S.C. FILED IN QUESTION 2.