

MARGIN RESERVED FOR PRINTING
WHITE PLAINLY. WITH UNFADING INK—PRINT IN A PERMANENT RECORD
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THIS CHILD, No. 2, etc. In question 8
MAGAZINE OF COLUMBIA, COLUMBIA, N. C.

(1) PLACE OF BIRTH

County of Sherman
Township of Gallinule Ferry
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

15326

Registration District No. K505 Registered No. 47
(For use of Local Registrar)

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 Thelma Johnson

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 5 12 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jessie Johnson
(9) PRESENT POSTOFFICE OF FATHER Gallinule Ferry S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
(Year) (12) BIRTHPLACE Larry County
(13) OCCUPATION Furnace & Carpenter

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Turner
(15) PRESENT POSTOFFICE OF MOTHER Gallinule Ferry S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
(Year) (18) BIRTHPLACE Marion County
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 2 (21) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Rogers, M.D. (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 23 is signed by mark)

(27) Filed May 5 1922 (28) Geo M. Higgins 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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