

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Aiken
 Township of Brigg
 or
 Inc. Town of
 or
 City of Hamlet, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20678

Registration District No. 2-E Registered No. 35
 (For use of Local Registrar)
 (No. Reserve 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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Johnson
 (9) PRESENT POSTOFFICE OF FATHER Hamlet, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39
 (Years)
 (12) BIRTHPLACE Hamlet, S.C.
 (13) OCCUPATION Mill Worker
 (20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Estel Glaze
 (15) PRESENT POSTOFFICE OF MOTHER Hamlet, S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22
 (Years)
 (18) BIRTHPLACE Edgewood Co. S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 8:20 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. Beach
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hamlet, 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 Aug 5th 1922 (28) J. P. Beach 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.

Registrar

Local Registrar.

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J. P. Beach