

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town 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

29897

Registration District No. 1.7.0

Registered No.

23

(For use of Local Registrar)

(2) Full Name of Child

Jack Johnson

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept 3, 3, 22

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Housekeeper

(9) PRESENT POSTOFFICE OF FATHER

Washington R

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Palmetto

(13) OCCUPATION

## MOTHER

(14) NAME BEFORE MARRIAGE

Mina Jackson

(15) PRESENT POSTOFFICE OF MOTHER

Washington R

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housekeeper

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

1

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3:41 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Ellerbe

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Florence, S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Feb 1, 1912

(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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