

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

File No.—For State Registrar Only

31588

(1) PLACE OF BIRTH

County of _____

Township of

OF
TOWN 9

OF

(No.)

 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
D. Dean Johnson
 If child is not yet named
 supplemental report as

Registered No. 19...0.....
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL?

(4) Twin or Triplet

(5) Number in order of birth

(5) Are Parents Married?

(7) DATE OF

BIRTH.....
(Name of Month) (Day) (Time)

FATHER.

(8) FULL NAME

9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR OR RACE

12) BIRTHPLACE

13 OCCUPATION

(11) AGE AT LAST BIRTHDAY

Yoshi

(10) NAME BEFORE MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(18) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

MOTHER.

(17) AGE AT LAST BIRTHDAY...

NYC

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended
on the date above stated.

(23) (Signature)

(24) State Wheelchair Division

.....at.....M.,
(Hour A. M. or P. M.)

Given name added from a supplemental report

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

(27) Filed Oct 8 1922 (25) Local Registrar.
holder, etc. should make this return.

..... 19
 Registrar
 (27) Filed
 *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.

question 23 is signed by mark)

...to was no attending physician or midwife, then the father, householder, etc., should make this return
...credited even once, it must not be reported as stillborn. No report is desired of stillbirths
...fourth of pregnancy