

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Lancaster  
Township of Littleton  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

No. 1.—For State Registrar Only

35159

Registration District No. 2804

Registered No. 195  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Agnus Johnson

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

(3) BOY OR GIRL 4 (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 14 1922  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Johnson  
(9) PRESENT POSTOFFICE OF FATHER Lancaster N.C.  
(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE North Carolina  
(13) OCCUPATION Day laborer  
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Agnis Wadford  
(15) PRESENT POSTOFFICE OF MOTHER Lancaster N.C.  
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE Washington D.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 born at 12:48 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster N.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) [Signature]  
(27) Filed 11-3 (28) [Signature] 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.