

MARGIN RESERVED FOR FINDER. THIS IS A PERMANENT RECORD. WITH THE RECORDING INDEX THIS IS A PERMANENT RECORD. 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

Township of

OR
Inc. Town of

OR
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

23807

Registration District No. 40-a

Registered No. 313

(For use of Local Registrar)

St.: Ward)

2) Full Name of Child

William James

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

June 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lester Johnson

(9) PRESENT POSTOFFICE OF FATHER

City

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY

21

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Lester Johnson

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

City

(19) OCCUPATION

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

2

(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 at on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Martha Jones

(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

8-1-22

(28)

Jan. Coffey Local Registrar

*When there was no attending physician or midwife, then the father, household, 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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