

WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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 Ongelapong...
Township of Lufd. Land...
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
31645
Registered No. 82
(For use of Local Registrar)

Registration District No. S.C. 7
(No. 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 Milly Janson
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 11 11 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Wanda Janson
(9) PRESENT POSTOFFICE OF FATHER Nes
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35
(Year) (12) BIRTHPLACE S.C.
(13) OCCUPATION Farmer

MOTHER.
(14) NAME BEFORE MARRIAGE Alfie Hartnell
(15) PRESENT POSTOFFICE OF MOTHER Nes
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30
(Year) (18) BIRTHPLACE S.C.
(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 6 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 PM, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Maggie G. G. G.
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Nes

Given name added from a supplemental report
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(26) Witness
(Signature of Witness necessary only when question 23 is signed "X" mark)
(27) Filed 1922 (28) M. J. J. 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.