

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—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 1.

Division of Statistics, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Palmetto
or
Inc. Town of
or
City of

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

Registration District No. 1. A. S. Registered
(For use of Local Health Officer)

(2) Full Name of Child Samuel Johnson Jr.

| | | | | |
|---|--|---------------------------------|--|--|
| (3) SEX OF CHILD <u>Boy</u> | (4) Type of Birth <u>Normal</u> | (5) Number of Birth <u>1</u> | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>June 1, 1923</u> |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Samuel Johnson</u> | | | (14) NAME BEFORE MARRIAGE <u>Rose</u> | |
| (9) PRESENT RESIDENCE OF FATHER <u>Charleston, S.C.</u> | | | (15) PRESENT RESIDENCE OF MOTHER <u>Charleston, S.C.</u> | |
| (10) COLOR OR RACE <u>Col.</u> | (11) AGE AT LAST BIRTHDAY <u>27</u> | (12) BIRTHPLACE <u>S.C.</u> | (16) COLOR OR RACE <u>Col.</u> | (17) AGE AT LAST BIRTHDAY <u>27</u> |
| (13) OCCUPATION <u>Laborman</u> | | | (18) OCCUPATION <u>Laborman</u> | |
| (19) Number of children born to mother, including present birth <u>3</u> | | | (20) Number of children of this mother now living, including present birth <u>3</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(Born alive or stillborn)

(22) (Signature) Adair Harris
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report

(25) Witness John A. Jones
(Signature of Witness necessary when question 23 is signed by midwife)

(26) Filed July 1, 1923 (27) Registrar John A. Jones

When there was no attending physician or midwife, then the father, householder, etc., should make a report if a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.