

(1) PLACE OF BIRTH

County of Langsbury
 Township of Langsbury
 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

27490

Registration District No. 3611 Registered No. 49
 (For use of Local Registrar)

City of (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 Johnnie Durant If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 29, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Johnnie Durant(9) PRESENT POSTOFFICE OF FATHER Waxton(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Langsbury Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Willie Brown(15) PRESENT POSTOFFICE OF MOTHER Waxton(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Langsbury Co(19) OCCUPATION House wife(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 alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Butler(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Waxton

Given name added from a supplemental report

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

(27) Filed July 7, 1922 (28) W. W. Butler 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.