

(1) PLACE OF BIRTH

County of OregonTownship of ...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. 3600

File No.—For State Registrar

4807Registered No. ...
(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 Elizabeth Jane If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Type or Triple ... (5) Number in order of birth ... (6) Sex M (7) DATE OF BIRTH Feb 14 1923
(Month of Birth) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Tommy Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Betty</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Brown</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Brown</u>
(9) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>	(12) BIRTHPLACE <u>Brown</u>	(13) COLOR OR RACE <u>Black</u>
(15) OCCUPATION <u>Harmer</u>	(17) AGE AT LAST BIRTHDAY <u>17</u>	(18) BIRTHPLACE <u>Brown</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at 7 P. M.,
on the date above stated. (Born alive or Stillborn) (Hour A. M. or P. M.)(23) (Signature) ... (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Brown

Given name added from a supplemental report

(26) Witness ... (Signature of Witness necessary only when question 25 is signed by mark)(27) Filed ... (28) 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.