

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PREPARATORY BLANK FOR EACH CHILD, AND MARK THE
N. B.—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 Charleston
Township of Jefferson
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
3694

Registration District No. 174 Registered No. 7
(For use of Local Registrar)

(2) Full Name of Child

(3) BOY OR GIRL girl (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? yes (7) DATE OF BIRTH Feb-24-1927
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ed S. Johnson
(9) PRESENT POSTOFFICE OF FATHER Jefferson SC.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE A.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 1 8

MOTHER.
(14) NAME BEFORE MARRIAGE Edna Todd
(15) PRESENT POSTOFFICE OF MOTHER Jefferson SC.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)
(18) BIRTHPLACE A.C.
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Joseph E. Thomas
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Jefferson SC.
Given name added from a supplemental report _____
(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed _____ 19 _____ (28) D. L. Bench 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.

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.

RECORD OF COLUMBIA, COLUMBIA, S. C.