

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Lincolnton  
 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

31687

Registration District No. 36/11 Registered No. 64  
 (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 Missouri Johnson

(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 Sept 12 1922  
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Johnson Barton</u>	(14) NAME BEFORE MARRIAGE <u>Effie Warranck</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Woffloin</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Woffloin</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Orangeburg Co</u>	(18) BIRTHPLACE <u>Orangeburg Co</u>	(19) OCCUPATION <u>Farm</u>	(20) OCCUPATION <u>House wife</u>
(21) Number of children born to mother, including present birth <u>4</u>	(22) Number of children of this mother now living, including present birth <u>3</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Susan Overbach (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woffloin

Given name added from a supplemental report

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

(27) Filed Sept 30 1922 (28) W. W. Buller 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.