

WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD.
 M. 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 1.
 Bureau of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH County of <u>Johns</u> Township of <u>Johns</u> or Inc. Town of _____ or City of <u>Johns</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">36700</div>	
		Registration District No. <u>34</u>		Registered No. <u>54</u> (For use of Local Registrar)	
		(No. _____ St. _____ Ward _____)			
(2) Full Name of Child <u>Heather Ellen</u>					
(3) BOY OR GIRL <u>Girl</u>		(4) Twin or Triplet? <u>No</u>		(5) Number in order of birth <u>1</u>	
		(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>July 19 1912</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John H. Johns</u>			(14) NAME BEFORE MARRIAGE <u>Elizabeth Johns</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Johns</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Johns</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>12</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6</u> M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>John H. Johns</u>					
(24) State whether Physician or Midwife <u>Physician</u>			(25) Address of Physician or Midwife <u>Johns</u>		
Given name added from a supplemental report _____ _____ _____ 19 _____ Registrar			(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>July 25</u> 19 <u>12</u> (28) <u>John H. Johns</u> 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.