

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 Chesterfield
 Township of Highland
 or
 Inc. Town of
 or
 City of
 (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
18200

Registration District No. 1207 Registered No. 40
 (For use of Local Registrar)

(2) Full Name of Child

Ruby L. Johnson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/6/2
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Moxie Lee Johnson
 (9) PRESENT POSTOFFICE OF FATHER Middleburg R 1
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18
 (Years)
 (12) BIRTHPLACE Chesterfield Co S.C.
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Litha Monson
 (15) PRESENT POSTOFFICE OF MOTHER Middleburg R 1
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17
 (Years)
 (18) BIRTHPLACE Chesterfield Co S.C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Ruby L. Johnson at 2.2 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed June 11 1922 (28) [Signature] 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.

(27) Filed June 11 1922 (28) [Signature] Local Registrar.

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MCRAW OF COLUMBIA, COLUMBIA, S. C.