

## (1) PLACE OF BIRTH

County of MarionTownship of Reavesor  
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

43655

Registration District No. 3265Registered No. 172  
(For use of Local Registrar)

## (2) Full Name of Child

Child is not yet named, make  
supplemental report as directed(3) BOY OR  
GIRLBoy(4) Twin  
or Triplet

To be answered only in event of Twins or Triplets

(5) Number in  
order of birth(6) Are  
Parents  
MarriedNo

(7) DATE OF

BIRTH Dec 25 1912  
(Name of Month) (Day) (Year)(8) FULL  
NAMECarl Johnson(9) PRESENT  
POSTOFFICE  
OF FATHERMullins(10) COLOR  
OR  
RACEB(11) AGE AT LAST  
BIRTHDAY

(Years)

24

(12) BIRTHPLACE

Marion Co

(13) OCCUPATION

Farmer(14) NAME BEFORE  
MARRIAGEAlice Reaves(15) PRESENT  
POSTOFFICE  
OF MOTHERMullins(16) COLOR  
OR  
RACEB(17) AGE AT LAST  
BIRTHDAY

(Years)

18

(18) BIRTHPLACE

Marion Co.

(19) OCCUPATION

Farmer(20) Number of children born to  
mother, including present birth(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1730 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

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

Jan 11 1913

(28)

H. M. Schaffer 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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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