

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 Cherokee
Township of Cherokee
or
Inc. Town of Cherokee
or
City of Cherokee (No. 1 Ward)
(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
2845

Registration District No. 26 Registered No. 12
(For use of Local Registrar)

(2) Full Name of Child Clara Elfrida Staley If child is not yet named, make supplemental report as directed

(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 Feb. 24, 1922
(Same of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Herbert Harold Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Clara Elfrida Staley</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Cherokee City</u>	(16) COLOR OR RACE <u>White</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Cherokee City</u>	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(18) BIRTHPLACE <u>Cherokee City</u>	(19) OCCUPATION <u>Housewife</u>
(10) COLOR OR RACE <u>White</u>	(20) Number of children of this mother now living, including present birth <u>2</u>	(21) BIRTHPLACE <u>Cherokee City</u>	(22) State whether Physician or Midwife <u>Physician</u>
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(23) Address of Physician or Midwife <u>Cherokee City</u>	(12) BIRTHPLACE <u>Cherokee City</u>	
(13) OCCUPATION <u>Postal Clerk</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Clara at 10:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Huntington
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cherokee City

Given name added from a supplemental report

Julia Mary Johnson
Feb. 26, 1922
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) H. H. Johnson
(27) Filed Feb. 26, 1922 (28) H. H. Johnson 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.

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Before the fifth month of pregnancy.

McGraw-Hill Book Co., New York, N. Y.

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19 22 (Year)

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re stated

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Julia Mary Johnson

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Registrar