

5742

County of Cherokee.....

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

**Township of .....**

Inc. Town of.....

City of London

Registration District No. 37 Registered No. 13 -

Registered No. ....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank Charles Johnson If child is not yet named, make supplemental report as directed

3) <b>BOY OR GIRL?</b> 100	4) <b>Twin or Triplet?</b> 1 To be answered only in event of Twin or Triplet	5) <b>Number in order of birth</b> 2	6) <b>Are Parents Married?</b> 7	7) <b>DATE OF BIRTH</b> 26 3 23 (Name of Month) (Day) (Year)
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FATHER		MOTHER	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

5) FULL NAME John F. Thompson (14) NAME BEFORE MARRIAGE John F. Thompson

9) PRESENT

POSTOFFICE OF FATHER Adelphi TC POSTOFFICE OF MOTHER Adelphi TC

(10) COLOR OR  (11) AGE AT LAST BIRTHDAY 127 (12) COLOR OR  (17) AGE AT LAST BIRTHDAY 28

12) BIRTHPLACE \_\_\_\_\_ (Year) \_\_\_\_\_

Anderson Co	Anderson Co
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13) OCCUPATION  
SALE

Student \_\_\_\_\_ Signature \_\_\_\_\_

20. Number of children born to mother, including present birth 2

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(28) (Signature) [Signature]

(29) State whether Physician or Midwife Physician (30) Address of Physician or Midwife 1000 1st St. N. W. Washington, D. C.

\_\_\_\_\_

(Given name added from a supplemental report)

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

....., 19 .....

\*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 will be attending physician or midwife, than the father, no.

If a child breathes even once, it must not be exposed to chlorine. The report is dated at  
before the fifth month of pregnancy.

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