

(1) PLACE OF BIRTH

County of Orangeburg
Township of Elizabeth
OR
Inc. Town of North
OR
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
43963

Registration District No. 3604 Registered No. 111
(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 Infant Not Named
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u> <u>Girl</u>	(4) Twin or Triplet? <u>Infant</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>11</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 15</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Robert Johnson

(9) PRESENT POSTOFFICE OF FATHER North Orangeburg Co S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 42 (Years)

(12) BIRTHPLACE Orangeburg Co

(13) OCCUPATION Transfer business

(20) Number of children born to mother, including present birth 12

MOTHER

(14) NAME BEFORE MARRIAGE Sally Will

(15) PRESENT POSTOFFICE OF MOTHER North O.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Orangeburg Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. Susanna Hardy Midwife

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife North O.C.

Given name added from a supplemental report

(26) Witness I. A. Jones
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 20 1922 (28) I. A. Jones 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.