

Form No. 3

(1) PLACE OF BIRTH

County of Georgetown
 Township of
 or
 Inc. Town of
 or
 City of Georgetown

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

File No. — For State Registrar Only
42520

Registration District No. 2102 Registered No. 67
 (For use of Local Registrar)

St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 2 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME John T. Johnson
 9) PRESENT POSTOFFICE OF FATHER Georgetown
 10) COLOR OR RACE Black 11) AGE AT LAST BIRTHDAY 42
 12) BIRTHPLACE S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Florence Legare
 15) PRESENT POSTOFFICE OF MOTHER Georgetown
 16) COLOR OR RACE Black 17) AGE AT LAST BIRTHDAY 37
 18) BIRTHPLACE S.C.
 19) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth 2

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) Nealey Ford (25) Address of Physician or Midwife Midwife
 (24) State whether Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 22 19 22 (28) Mrs R. J. King 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.