

(1) PLACE OF BIRTH

County of Johnston
Township of Prison
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

5115

Registration District No. 3800

Registered No. 69
(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

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Sex Male (7) DATE OF BIRTH 2-7-19
(Name of Month) (Day) (Year)

FATHER (8) FULL NAME Johnston (9) NAME BEFORE MARRIAGE Johnston

(10) PRESENT POSTOFFICE OF FATHER Prison (11) PRESENT POSTOFFICE OF MOTHER Prison

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY (Years) 27 (14) COLOR OR RACE White (15) AGE AT LAST BIRTHDAY (Years) 27

(16) BIRTHPLACE Prison (17) BIRTHPLACE Prison

(18) OCCUPATION Prison (19) OCCUPATION Prison

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Johnston M., on the date above stated. (Survived or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Johnston (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Prison

Given name added from a supplemental report

(26) Witness Johnston
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 19 (28) Local Registrar Johnston

*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.