

(1) PLACE OF BIRTH

County of Richmond
Township of Effingham
OR
Inc. Town of Effingham
OR
City of Effingham

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42367

Registration District No. 2014 Registered No. 85
(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 Nattie Johnson {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 Dec 5, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Simon Johnson
(9) PRESENT POSTOFFICE OF FATHER Effingham
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 31 1/2
(Year) 1922
(12) BIRTHPLACE Dayton, Tenn
(13) OCCUPATION Farm Laborer
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Pureer Sellers
(15) PRESENT POSTOFFICE OF MOTHER Effingham
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28
(Year) 1922
(18) BIRTHPLACE SC
(19) OCCUPATION SC
(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Pureer Sellers at 7 a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pureer Sellers (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Effingham

Given name added from a supplemental report

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

(27) Filed Dec 5, 1922 (28) K. C. Hill 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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