

(1) PLACE OF BIRTH

County of Hampton
 Township of Peoples
 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

42923

Registration District No. 7402 Registered No. 176
 (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 Genevra Lily Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet? 1 (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 12, 25
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|---|--|---|---|
| (8) FULL NAME <u>Sam Johnson</u> | (14) NAME BEFORE MARRIAGE <u>Louvinia Johnson</u> | (15) PRESENT POSTOFFICE OF FATHER <u>Varuville Sp</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Varuville Sp</u> |
| (10) COLOR OR RACE <u>Cold</u> | (16) AGE AT LAST BIRTHDAY <u>57</u> (Years) | (16) COLOR OR RACE <u>Cold</u> | (17) AGE AT LAST BIRTHDAY <u>35</u> (Years) |
| (12) BIRTHPLACE <u>Eutawville SC</u> | (18) BIRTHPLACE <u>Eutawville Sp</u> | (13) OCCUPATION <u>Laborer</u> | (18) OCCUPATION <u>Housework</u> |
| (20) Number of children born to mother, including present birth <u>13</u> | (21) Number of children of this mother now living, including present birth <u>13</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles E. Goffin (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Varuville Sp

Given name added from a supplemental report

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

(27) Filed Dec 16, 25 (28) W. Rogers 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.