

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

No. for this Registrar's
22820

County of D. H. Johnston
State of SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Wardship of John D. Smith
Registration District No. 407 Registered No. 68
(For use of Local Registrar)

City of ... (No. ... 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) SEX OR GENDER girl 4) Time of Birth ... 5) Number in order of birth ... 6) Are twins or triplets? Yes

FATHER: 7) FULL NAME Dean Reed 8) PRESENT POSTOFFICE OF FATHER Paulin

9) COLOR OR RACE White 10) AGE AT LAST BIRTHDAY 27 11) NAME BEFORE MARRIAGE Anna Groves

12) BIRTHPLACE ... 13) PRESENT POSTOFFICE OF MOTHER Paulin 14) COLOR OR RACE White

15) OCCUPATION ... 16) AGE AT LAST BIRTHDAY 33 17) BIRTHPLACE ...

18) OCCUPATION ... 19) BIRTHPLACE ... 20) OCCUPATION ...

21) Number of children born to mother, including present birth 3 22) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23) I hereby certify that I attended the birth of this child, who was ...

24) (Signature) W. B. Smith 25) State whether Physician or Midwife Physician

26) Address of Physician or Midwife ...

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

28) Filed July 31, 1920 29) Local Registrar ...

When there was no attending physician or midwife, 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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