

1) PLACE OF BIRTH

County of Spartanburg
 Township of Beech
 or
 City of ...

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

No. 1a.—For State Registrar Only

22553

Registration District No. 40-G Registered No. 109
 (For use of Local Registrar)

(No. ... Ward ...)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

BOY OR GIRL Girl (1) Twin or Triplet ... (2) Number in order of birth ... (3) Are Parents Married yes (4) DATE OF BIRTH July 18, 1923
 To be answered only in event of Twin or Triplet (Natural Month) (Day) (Year)

FATHER.

FULL NAME Red Johnson
 PRESENT POSTOFFICE OF FATHER Summerville
 (11) AGE AT LAST BIRTHDAY 31 (Year)
 (12) COLOR OR RACE White
 (13) BIRTHPLACE MS.

MOTHER.

(14) NAME BEFORE MARRIAGE Manila Burns
 (15) PRESENT POSTOFFICE OF MOTHER Summerville
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Year)
 (18) BIRTHPLACE MS.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 3

13. OCCUPATION

Colton Hill Oper

22. Number of children born to mother, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(24) (Signature) James P. Gibson (25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

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

(27) Filed Aug 1, 1923 (28) W. A. Lapham 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.

NO REPORT IS DESIRED OF STILLBIRTHS BEFORE THE FIFTH MONTH OF PREGNANCY.