

(1) PLACE OF BIRTH

County of Maclborne
 Township of Brightville
 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

15947

Registration District No. Registered No. 22
 (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 John W. McDerby (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) Parents Married Yes (7) DATE OF BIRTH 2 / 1 / 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John McDerby

(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21
 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Louise Johnson

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC

(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 18
 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farm Work

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Flora Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report

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

(27) Filed 9/26/22 (28) John P. Smith Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.