

(1) PLACE OF BIRTH

County of Marble
 Township of Edgely
 or
 Loc. Town of McCaig
 or
 City of McCaig

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

No. 21880 - For State Registrar Only

Registration District No. Registered No. 78
 (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)

(2) Full Name of Child Bill Johnson (If child is not yet named, make supplemental report as directed)

(3) Sex Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Infant (7) DATE OF BIRTH July 27, 1923
 (Name of Month) (Day) (Year)

FATHER.
 (8) NAME David Johnson
 (9) PRESENT POSTOFFICE OF FATHER McCaig SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)
 (12) BIRTHPLACE Marble SC
 (13) OCCUPATION Cotton mill work
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (15) NAME Pauline Cook
 (16) PRESENT POSTOFFICE OF MOTHER McCaig SC
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Year)
 (19) BIRTHPLACE Darlington SC
 (20) OCCUPATION Domestic
 (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 Pauline at 9⁰⁰ P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Douglas Hanner (24) State Physician or Midwife (25) Address of Physician or Midwife McCaig SC

(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 28, 1923 (28) J. H. Neathery 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.