

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

22025

Registration District No. 1814

Registered No. 33

(For use of Local Registrar)

2) Full Name of Child. Margaret

If child is not yet named, make supplemental report as directed

3) ~~Is~~
GIRL?(4) Twin
or Triplet? No(5) Number in
order of birth 1(6) Are
Parents
Married? yes7) DATE OF
BIRTH June 4 1912
(Month) (Day) (Year)

FATHER.

8) FULL
NAMECalvin Johnson9) PRESENT
POSTOFFICE
OF FATHERJohnston(10) COLOR
OR
RACEBlack(11) AGE AT LAST
BIRTHDAY26

(12) BIRTHPLACE

Saluda County

(13) OCCUPATION

Farming

MOTHER

(14) NAME BEFORE
MARRIAGEStevens(15) PRESENT
POSTOFFICE
OF MOTHERJohnston S.C.(16) COLOR
OR
RACEBlack(17) AGE AT LAST
BIRTHDAY22
(Years)

(18) BIRTHPLACE

Edgefield Co.

(19) OCCUPATION

Farming(20) Number of children born to
father, including present birthOne(21) Number of children of this mother
now living, including present birthOne

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) C. L. Shafter M.D.

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

Johnston S.C.Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Aug 9 1912

(28)

L. S. Maxwell
Local RegistrarWhen 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.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.