

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Abbeville
 Township of Orange Creek
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

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

FILE—IN THE REGISTER
24195

Registration District No. A.A.11 Registered No. 27
 (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 L. C. Johnson (If child is not yet named, make supplemental report as directed)

(3) SEX Boy (4) Time of birth 10:30 (5) Month in order of birth Aug (6) DAY 30 (7) YEAR 1923

FATHER. MOTHER.

(8) NAME Charles Johnson (9) NAME Mary Lee Walsh

(10) RESIDENCE Abbeville R. (11) RESIDENCE Abbeville R.

(12) COLOR White (13) AGE AT BIRTH 28 (14) COLOR White (15) AGE AT BIRTH 24

(16) BIRTHPLACE S.C. (17) BIRTHPLACE S.C.

(18) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. A. Chambers (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Abbeville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother) Chas. E. Early

(27) Filed Sept. 1, 1923 (28) W. A. Chambers 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 stillborns before the fifth month of pregnancy.