

(1) PLACE OF BIRTH

County of McCormick
Township of Washington
or
Inc. Town of

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

File No.—For State Registrar Only
21805

Registration District No. Registered No.
(For use of Local Registrar)
(No. St.; Ward)
City of

(2) Full Name of Child

(3) SEX OR CHILD	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>2w</u>	(7) DATE OF BIRTH July 5 1913 (Month) (Day) (Year)
To be answered only in case of Twins or Triplets				
FATHER.			MOTHER.	
(8) FULL NAME	<u>Charlie Johnson</u>		(14) NAME BEFORE MARRIAGE	<u>Huldie Morton</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Parksville S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Parksville S.C.</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>39</u> (Years)	(16) COLOR OR RACE	<u>negro</u>
(12) BIRTHPLACE	<u>Edgefield Co</u>		(17) AGE AT LAST BIRTHDAY	<u>25</u> (Years)
(13) OCCUPATION	<u>Nothing much</u>		(18) BIRTHPLACE	<u>Edgefield Co</u>
(20) Number of children born to mother, including present birth	<u>6</u>		(19) OCCUPATION	<u>House work</u>
			(21) Number of children of this mother now living, including present birth	<u>5</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Augusta Ann Seale
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
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(26) Witness Nettie B. Beattledge
(Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Aug 7 1913 (28) J. C. Beattledge
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.