No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 60

(1) PLACE OF BIRTH
County of Clarendon
Township of Liddy Swamp
or
Inc. Town of .....
or
City of .....
Registration District No. 223 Registered No. 9
(For use of Local Registrar)
(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 Ola Rankin — If child is not yet named, make supplemental report as directed

(3) Boy or Girl	(4) Twin or Triplet (To be answered only in event of Twins or Triplets)	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth (Month) (Day) (Year)
Boy			Yes	January 17 1923

FATHER

(8) Full Name: David Rankin
(9) Present Residence or Birthplace of Father: Wagener
(10) Color or Race: Black
(11) Age at Last Birthday: 23 (Years)
(12) Birthplace: S. C.
(13) Occupation: Laborer
(14) Number of children born to mother, including present birth: 3

MOTHER

(14) Maiden Name: Ethel Johnson
(15) Present Residence or Birthplace of Mother: Wagener
(16) Color or Race: Black
(17) Age at Last Birthday: 24 (Years)
(18) Birthplace: S. C.
(19) Occupation: Home Maker
(20) 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 at 4 P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs Cornelia A Johnson
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Wagener

Given name added from a supplemental report
..... 19 .....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by Midwife)
(27) Filed Jan 9 1923
(28) ..... 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.

Bureau of Statistics, Columbia, S. C.

FILL IN BLANK FOR EACH CHILD, and mark the PLURALITY, No. 1, THE OTHER, No. 2, etc., in question 4.