

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Marion
Township of Reamer
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

4988

Registration District No. 2725

Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 22, 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Julius Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Alba Bryant</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mullins St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mullins St.</u>	
(10) COLOR OR RACE <u>N</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)		(16) COLOR OR RACE <u>N</u>	(17) AGE AT LAST BIRTHDAY <u>43</u> (Years)
(12) BIRTHPLACE <u>Marion County, S.C.</u>			(18) BIRTHPLACE <u>Marion County, S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
20) Number of children born to mother, including present birth <u>10</u>			21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive... at... 7 P.M....
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Bryant M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Mullins St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb. 23, 1922

(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.

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