

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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.

(1) PLACE OF BIRTH
County of Orangeburg
Township of Cow Castle
OR
Inc. Town of
or
City of (No. St. Ward)
(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

No. 35896
Registration District No. 3601 Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child Lammie Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Claudie Johnson
(9) PRESENT POSTOFFICE OF FATHER Bourman S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 3-1
(Year)
(12) BIRTHPLACE Orbg. Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Holman
(15) PRESENT POSTOFFICE OF MOTHER Bourman S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
(Year)
(18) BIRTHPLACE Orbg. Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Domestic at 12 P.M. on the date above stated. (Born alive or stillborn, (Hour A. M. or P. M.))

(23) (Signature) Vina Holman
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bourman S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. H. Patrick
(27) Filed Nov. 5, 1922 (28) W. H. Patrick Local Registrar

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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.