

(1) PLACE OF BIRTH

County of *Edgefield*Township of *Johnston*

In Town of

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

File No. *22 050240*

22 050240

Registration District No. *1814* Registered No. *84*

(For use of Local Registrar)

(2) Full Name of Child *MARY CATHERINE FRANKLIN* Child is not yet named, make supplemental record and direct(3) BOY OR GIRL *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 *Yes*

(7) DATE OF BIRTH

Nov, 27 1922
(Name of Month) (Day) (Year)FATHER, *FRANKLIN*MOTHER, *RUTH**SAUER*(8) FULL NAME *Boyd Franklin*(14) NAME BEFORE MARRIAGE *Ruth Sauer*(9) PRESENT POSTOFFICE OF FATHER *Johnston*(15) PRESENT POSTOFFICE OF MOTHER *Johnston*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *25*
(Years)(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *23*
(Years)(12) BIRTHPLACE *Johnston*(18) BIRTHPLACE *Johnston*(13) OCCUPATION *Farming*(19) OCCUPATION *House wife*(20) Number of children born to mother, including present birth *2*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *sever* at *3 P.* M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Dr. J. H. Williams*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Johnston*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *June 9 1923*(28) *L. K. Maxwell*

Local Registrar

*When there was no attend If a child breathes eve

should make this return. signed of stillbirths

AFF NEXT FRAME

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.

McCaw or Columbia, C. S. S. C.