

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
Beaufort, Columbia, S. C.

(1) PLACE OF BIRTH

County of Beaufort
Township of
OR
Inc. Town of
OR
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

36358

Registration District No. 40-0 Registered No. 463
(For use of Local Registrar)

(2) Full Name of Child

(3) ☒ BOY OR ☐ GIRL (4) Twin 1 or Triplet? (5) 1st in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 22
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
(8) FULL NAME J. M. Johnson
(9) PRESENT POSTOFFICE OF FATHER Opety & C.
(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28 (Years)
(12) BIRTHPLACE Tangier, Va.
(13) OCCUPATION Mill work

MOTHER
(14) NAME BEFORE MARRIAGE Lela Cannon
(15) PRESENT POSTOFFICE OF MOTHER Opety & C.
(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Opety & C.
(19) OCCUPATION Homemaker

(20) Number of children born to mother, including present birth 4 (21) 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 at M., on the date above stated. (born alive or ~~stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) J. M. Johnson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 11-1-1922 (28) Jas. Cohen 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.