

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 A. 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 1.

(1) PLACE OF BIRTH  
 County of Jackson  
 Township of Granville  
 or  
 Rte. Town of Granville  
 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

Registration District No. 2-B Registered No. 53  
 (For use of Local Registrar)

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

|   |   |  |   |
|---|---|--|---|
| (3) SEX OF CHILD<br><u>girl</u>   | (4) Type of Birth<br><u>To be reported only in case of Twin or Triple</u> | (5) Number in order of birth<br><u>1</u>   | (6) Date of Birth<br><u>Oct 7, 23</u>             |
| (7) FATHER'S NAME<br><u>Joseph Cooper Johnson</u>                           |   | (8) MOTHER'S NAME<br><u>Lessie May Dunsken</u>   |   |
| (9) PRESENT RESIDENCE OF FATHER<br><u>Granville, S.C.</u>                   |   | (10) PRESENT RESIDENCE OF MOTHER<br><u>Granville, S.C.</u>                             |   |
| (11) COLOR OF CHILD<br><u>white</u>   | (12) AGE AT LAST BIRTHDAY<br><u>38</u><br>(Years)                         | (13) COLOR OF MOTHER<br><u>white</u>   | (14) AGE AT LAST BIRTHDAY<br><u>32</u><br>(Years) |
| (15) BIRTHPLACE OF FATHER<br><u>Anderson Co.</u>                            |   | (16) BIRTHPLACE OF MOTHER<br><u>Granville, S.C.</u>                                    |   |
| (17) OCCUPATION OF FATHER<br><u>Textile</u>                                 |   | (18) OCCUPATION OF MOTHER<br><u>Domestic</u>   |   |
| (19) Number of children born to mother, including present birth<br><u>6</u> |   | (20) Number of children of this mother now living, including present birth<br><u>4</u> |   |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 2:45 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour, M., or P. M.)

(22) (Signature) W. R. Turnbull, M.D.  
 (23) Name of Physician or Midwife Physician (24) Address of Physician or Midwife Granville, S.C.

Given under oath and subject to examination.  
 (25) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 22 is signed by mark)  
 (26) W. R. Turnbull, M.D. Local Registrar

When the child is born, the father, householder, etc., should make this return. It may not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.