

**WHITE PLAINES, WITH UNFADING ING.—THIS IS A SPLENDID AND A BEAUTIFUL
NO. 1.—In case of TWINS OR TRIPLETS use a SEPARATE BOTTLE EACH CHILD, and mark the
CHAMBERS-THON, NO. 1, THE OTHER, NO. 2, etc., in question B.**

N. D.—In case of twine or
filament-hemp

(1) PLACE OF BIRTH County of <u>WYNDHAM</u> Township of <u>BULL SWAMP</u> 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 Register Only 31131
		Registration District No. <u>3102</u>	Registered No. <u>91</u> (For use of Local Registrar)	
		(No. _____ St. _____ Ward _____)		
(2) Full Name of Child <u>Raymond Clarence Jerome</u>		If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>Boy</u>	(4) Twin OR TRIPLE <u></u>	(5) Number In order of birth <u>✓</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sep 10, 1974</u> (Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets.				
FATHER.				
(8) FULL NAME <u>John J. Johnson</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Springton</u>				
(10) COLOR OR RACE <u>White</u>		(11) AGE AT LAST BIRTHDAY (Year) <u>25</u>		
(12) BIRTHPLACE <u>Springton</u>				
(13) OCCUPATION <u>Helper</u>				
(14) NAME BEFORE MARRIAGE <u>Jannie Johnson</u>				
(15) PRESENT POSTOFFICE OF MOTHER <u>Springton</u>				
(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY (Year) <u>25</u>		
(18) BIRTHPLACE <u>Springton</u>				
(19) OCCUPATION <u>Helper</u>				
(20) Number of children born to mother, including present birth <u>1</u> <u>2</u>				
(21) Number of children of this mother now living, including present birth <u>2</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
(22) I hereby certify that I attended the birth of this child, who was at <u>7 p.m.</u> on the date above stated. <u>Born alive or stillborn</u> <u>Both A.M. or P.M.</u>				
(23) (Signature) <u>Adela Breerton</u>		(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Springton</u>		
Given name added from a supplemental report				
(26) Witness (Signature of Witness necessary only when question 23 is signed by mate)				
(27) Filed <u>Sep 23, 1974</u> <u>St. J. Mengel</u> 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.