

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.

McGAW OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York
Township of Bethesda
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.)
(No. St.; Ward)

(2) Full Name of Child Daisy Johnson

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 7 22
(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Johnson
(9) PRESENT POSTOFFICE OF FATHER Charlotte N.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28
(Year)
(12) BIRTHPLACE Charlotte, N.C.
(13) OCCUPATION Fireman at laundry
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Thomas
(15) PRESENT POSTOFFICE OF MOTHER McConnellsville, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 31
(Year)
(18) BIRTHPLACE McConnellsville, S.C.
(19) OCCUPATION Farming & Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sophia Thomas
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife McConnellsville, S.C.

Given name added from a supplemental report

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

(27) Filed 9/12 1922 (28) S. H. Done
Registrar 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.

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

File No.—For State Registrar Only
32721

Registration District No. 4401 Registered No. 44
(For use of Local Registrar)