

MARGIN RESEAL FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 6.

BUREAU OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>Charleston</u> or Inc. Town of ..... City of ..... (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>3656</b>	
(2) Full Name of Child <u>Kat Green</u>		Registration District No. ....		Registered No. .... (For use of Local Registrar)	
(3) BOY OR GIRL <u>Girl</u>		(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 18, 1922</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>A. D. Johnson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Myndersdorf, Pa.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>23</u> (Years) (12) BIRTHPLACE <u>Pa.</u> (13) OCCUPATION <u>Farmer</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Hounee Cla Sins</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Myndersdorf, Pa.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>27</u> (Years) (18) BIRTHPLACE <u>Pa.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>1</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Delia</u> at <u>7:30 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Dr. H. H. Harwood</u> (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____					
Given name added from a supplemental report: _____ _____ _____ 19 _____ _____ Registrar		(26) Witness _____ (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Feb 18, 1922</u> (28) <u>Dr. H. H. Harwood</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.					