

(1) PLACE OF BIRTH

County of LancasterTownship of Flat Creek

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 Registrar Only

43168

Registration District No. 2803Registered No. 120
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH 11/24/22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Irish Johnson(9) PRESENT POSTOFFICE OF FATHER Kershaw S.C.(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Kershaw(13) OCCUPATION Day laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Julie Stover(15) PRESENT POSTOFFICE OF MOTHER Kershaw S.C.(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Kershaw

(19) OCCUPATION

(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 at 9 P.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary Watkins
(24) (Name of 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 Dec 19 1922(28) H. L. Nelson
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.