

MARGIN RESERVED FOR BINDING.
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.
DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Laurens
Township of Cedar Creek
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
15518

Registration District No. 1802 Registered No. 22
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Freddie Johnson

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

(3) ☒ Male (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 17, 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Johnny Johnson
(9) PRESENT POSTOFFICE OF FATHER Laurens R# 3
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 50
(12) BIRTHPLACE Laurens Co
(13) OCCUPATION Harmoning
(20) Number of children born to mother, including present birth 13

MOTHER
(14) NAME BEFORE MARRIAGE Archie Johnson
(15) PRESENT POSTOFFICE OF MOTHER Laurens R# 3
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 40
(18) BIRTHPLACE Laurens Co
(19) OCCUPATION Harmoning
(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 7:20... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Hoover
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Laurens

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed May 20, 1922 (28) Jas. A. Canthel 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.