

Form No. 1

(1) PLACE OF BIRTH

County of RichmondTownship of Richmondor
Inc. Town ofor
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

Registration District No. 60Registered No. 125
(For use of Local Registrar)

(2) Full Name of Child

Frank Johnson

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 30, 1922</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Frank Johnson(9) PRESENT POSTOFFICE OF FATHER Frymout(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 20 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Susan Johnson(15) PRESENT POSTOFFICE OF MOTHER Frymout(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9.4 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Susan Cohen(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Frymout

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10/2/22 (28) GA Johnson 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL COLUMBIA, COLUMBIA, S. C.