

Form No. 1

(1) PLACE OF BIRTH

County of Mecklenburg
 Township of Hagerstown
 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

29944

Registration District No. 160Registered No. (111) 116
(For use of Local Registrar)

(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

Christina 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? Yes (7) DATE OF BIRTH Sept 28 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Mieie Johnson
 (9) PRESENT POSTOFFICE OF FATHER Little Rock Sc
 (10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 30
 (Year)
 (12) BIRTHPLACE Sc
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Six

MOTHER
 (14) NAME BEFORE MARRIAGE Artie Mason
 (15) PRESENT POSTOFFICE OF MOTHER Little Rock Sc
 (16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 28
 (Year)
 (18) BIRTHPLACE Sc
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Margaret M. Neal(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Little Rock Sc

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by male)
John H. G.

(27) Filed Sept 30 1922 (28) John H. G. 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.

REMARKS: WITH UNFADING INK—THIS IS A PERNANENT 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 5.

RECEIVED BY COLUMBIA, COLUMBIA, S. C.