

3/4/42

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FILE No.—For State Registrar Only
02280

1. PLACE OF BIRTH

County of Orangeburg
Township of North
or
Inc. Town of North, S.C.
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 3604

Registered No. _____
(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 Henry Arthur Johnson If child is not yet named, make supplemental report as directed.

3. Boy or Girl If Plural births _____ 4. Twins, triplets or other 5. Number, in order of birth _____ 6. Premature Full term 7. Are Parents Married? yes 8. Date of birth Aug 19, 1922
(Month, day, year)

9. Full name FATHER James Davis Johnson
10. Residence (mailing address) North, S.C.
(If non-resident, give place and State) _____

18. Name before marriage MOTHER Mailla Brooks
19. Residence (mailing address) North, S.C.
(If non-resident, give place and State) _____

11. Color or race W 12. Age at child's birth 44 (years)

20. Color or race W 21. Age at child's birth 32 (years)

13. Birthplace (city or place) North, S.C.
(State or country) _____

22. Birthplace (city or place) Leveland, S.C.
(State or country) _____

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____
16. Date (month and year last) engaged in this work _____ 17. Total time (years) spent in this work life

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife
24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____
25. Date (month and year) last engaged in this work _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, months weeks 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 6 P. m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Mailla B. Johnson, Parent
or _____, Guardian

Given name added from a supplementary report _____
(Date of) _____

Address One First S.C.
Filed March 18, 1942 M.B. Woodward, M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)