

(1) PLACE OF BIRTH

County of Union
 Township of Santee
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

(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

28195

Registration District No. 4206Registered No. 211
(For use of Local Registrar)(2) Full Name of Child Annie Ruth 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 June 3, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ivor Johnson
 (9) PRESENT POSTOFFICE OF FATHER Santee SC
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Neal
 (15) PRESENT POSTOFFICE OF MOTHER Santee SC
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farming
 (20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2:00 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Gregory(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Santee SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 8/1/2219 22

(28)

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.

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