

(1) PLACE OF BIRTH

County of NewberryTownship of # 6Inc. Town of Whitman

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

File No.—For State Registrar Only

19529

Registration District No. 3402Registered No. 34

(For use of Local Registrar)

(2) Full Name of Child

Cashie Calman

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

20

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 29, 1922

(8) FULL NAME

John Henry Johnson

(9) PRESENT POSTOFFICE OF FATHER

Whitman, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Newberry, S.C.

(13) OCCUPATION

Public Work

(14) NAME BEFORE MARRIAGE

Ada Calman

(15) PRESENT POSTOFFICE OF MOTHER

Whitman, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Newberry, S.C.

(19) OCCUPATION

Book

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jessie Ann Mason

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(27) Filed

June 30, 1922

(28)

P. M. Duckett

Local Registrar.

*When there is no physician or midwife, then the father, householder, etc., should make this return. If a child is born stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.