

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Union
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 36016 - For State Registrar Only

36016

Registration District No. 3616 Registered No. 81
 (For use of Local Registrar)

City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Tholt E. Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Oct 8, 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Johnson(9) PRESENT POSTOFFICE OF FATHER Cope SC R 7 D(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY (Year)(12) BIRTHPLACE Orangeburg Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Four

MOTHER

(14) NAME BEFORE MARRIAGE Phetel Randolph(15) PRESENT POSTOFFICE OF MOTHER Cope SC R 7 D(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY (Year)(18) BIRTHPLACE Calhoun Co(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 at 2:30 A.M. (Hour A.M. or P.M.) on the date above stated.(23) (Signature) Sarah X Lewington(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cope SC R 7 D

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Oct 16, 1922

(28)

R K Weveray

Local Registrar

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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 sixth month of pregnancy.