

## (1) PLACE OF BIRTH

County of York  
 Township of Clinton  
 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

22924

Registration District No. 448 Registered No. 49  
 (For use of Local Registrar)

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

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

(3) SOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 28 1923  
 (Month of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Chad Johnson Sr. (14) NAME BEFORE MARRIAGE Francis Kirkland

(9) PRESENT POSTOFFICE OF FATHER Leah S. S. R. H. 1 (15) PRESENT POSTOFFICE OF MOTHER Leah S. S. R. H. 1

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32  
 (Year) (Year)

(12) BIRTHPLACE S. C. (18) BIRTHPLACE S. C.

(13) OCCUPATION Yarn work (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 8 (21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 100 M., on the date above stated. (Born alive or stillborn Hour PM or P. M.)

(23) (Signature) Jane Murray (24) State whether Physician or Midwife (25) Address of Physician or Midwife Leah S. S. R. H. 1

(Given name added from a supplemental report)

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

(27) Filed 7/14/1923 (28) J. R. Miller 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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