

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Richland

Township of .....

OR  
Inc. TOWN of EuclainOR  
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

Jubian Leroy Johnson

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Age of child at birth

(7) DATE OF BIRTH

Sept 5 1922  
(Name of Month) (Day) (Year)

If child is not yet named, make supplemental report as directed

## FATHER.

(8) FULL NAME

Jubian L. Johnson

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C. R.F.D.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25  
(Years)

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Mechanic

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Louise L. Pace

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C. R.F.D.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

18  
(Years)

(18) BIRTHPLACE

Columbia S.C.

(19) OCCUPATION

House wife

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

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 10:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. S. Pope M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Columbia S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

192210Local 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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## CERTIFICATE OF BIRTH

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

No. 5.—For State Registrar Only

36144

Registration District No. 3rd Registered No. 1773  
(For use of Local Registrar)(No. 1714 Miller St. St. Ward)