

(1) PLACE OF BIRTH

County of ClarendonTownship of Manningor
Inc. Town ofor
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Elizabeth 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
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH June 27, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Preston Johnson(9) PRESENT POSTOFFICE OF FATHER Manning St(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Clarendon Co(13) OCCUPATION Farmer

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

Seven

MOTHER.

(14) NAME BEFORE MARRIAGE Lela Harris(15) PRESENT POSTOFFICE OF MOTHER Manning St(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 36
(Years)(18) BIRTHPLACE Clarendon Co(19) OCCUPATION Housewife

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

Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adwanga C. Hagan(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Manning St

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 1, 1922(28) A. J. White
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.