

(1) PLACE OF BIRTH

County of Lancaster

Township of

or
Inc. Town of Lancasteror
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 Mary Lavinia 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 18, 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm. J. Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Mary Harding</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lancaster, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lancaster, S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Lancaster, S.C.</u>	(18) OCCUPATION <u>Textile operator</u>	(19) BIRTHPLACE <u>York Co., S.C.</u>	(20) OCCUPATION <u>Textile operator</u>
(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Three</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

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

(27) Filed 1-16-23 (28) J. L. Johnson 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

4313

Registration District No. 28a Registered No. 81
(For use of Local Registrar)