

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.

Form No. 6  
MAGNANIMITY OF COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of North Anderson

or

City of North Anderson

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

(2) Full Name of Child Alice Johnson

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

April 14 1922  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Charley R. Johnson

(9) PRESENT POSTOFFICE OF FATHER Anderson S. C.

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE Anderson Co. S. C.

(13) OCCUPATION Proprietor Cement Vault & Brick Works

(20) Number of children born to mother, including present birth 11

MOTHER

(14) NAME BEFORE MARRIAGE Willie Bruce

(15) PRESENT POSTOFFICE OF MOTHER Anderson S. C.

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE Greenville Co. S. C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 45 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Olga V. Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 Registrar

(27) Filed 19

(28) 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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