

(1) PLACE OF BIRTH  
County of Richland  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**31940**

Inc. Town of ..... Registration District No. 35 Registered No. 1732  
(For use of Local Registrar)  
City of Columbia, S.C. (No. 1824 Blanding 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 J. B. Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 8 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Thomas David Johnson  
(9) PRESENT POSTOFFICE OF FATHER Columbia, S.C.  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Fairfield, S.C.  
(13) OCCUPATION Labor  
(14) Number of children born to mother, including present birth 2

MOTHER.  
(14) NAME BEFORE MARRIAGE Carrie Young  
(15) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)  
(18) BIRTHPLACE Fairfield, S.C.  
(19) OCCUPATION Housekeeper  
(20) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Fannie Lee  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

Carrie Young  
Registrar

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

(27) Filed 10-4-22 (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.

Before the fifth month of pregnancy

MARGIN RESERVED FOR BINDING  
FORM NO. 7  
WANTS PLAINLY, WITH UNIFORMITY IN THE USE OF A STANDARD RECORD.  
No. 10—In case of twins or triplets, give name of each child in question 2.