

(1) PLACE OF BIRTH

County of Florence

Township of

or
Inc. Town of

or
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

4170

Registration District No. 2015

Registered No. 11
(For use of Local Registrar)

(2) Full Name of Child

Eula Johnson

St. Ward)

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

3) BOY OR GIRL Boy 4) Twin or Triplet? 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 Jan 18, 1922
(Second Month) (Day) (Year)

FATHER.
8) FULL NAME Ed Johnson
9) PRESENT POSTOFFICE OF FATHER C. C.
10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 49 (Years)
12) BIRTHPLACE Florence Co
13) OCCUPATION Farmer
14) Number of children born to mother, including present birth 3

MOTHER.
14) NAME BEFORE MARRIAGE Frazer Keith
15) PRESENT POSTOFFICE OF MOTHER
16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 25 (Years)
18) BIRTHPLACE Florence Co
19) OCCUPATION House work
20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12:30 P.M. on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)

(23) (Signature) Matie Smith (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
19 Registrar
(26) Witness Rob Neenan (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Feb 3, 1922 (28) Rob Neenan 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.

11-11-22
N. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the MEDICAL RECORD, COLUMBIA, S. C. PRINTED IN U. S. A.