

Form No. 1

(1) PLACE OF BIRTH

County of Marlboro
 Township of Hebron
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
31328

Registration District No. 330.4 Registered No. 124
 (For use of Local Registrar)

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

(2) Full Name of Child Annie May 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 Sept 7 1922
 To be answered only in event of Twin or Triplets (Name (Month) (Day) (Year))

FATHER.

(8) FULL NAME Will Johnson
 (9) PRESENT POSTOFFICE OF FATHER Clis S C
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26 (Years)
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Stevenson
 (15) PRESENT POSTOFFICE OF MOTHER Clis S C
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24 (Years)
 (18) BIRTHPLACE S C
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Annie at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife Isabella Jones
 (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)

(27) Filed Sept 14 1922 (28) W. H. Woodley 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.