

(1) PLACE OF BIRTH

County of *Richmond*Township of *Richmond*

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. 7- For State Registrar Only

1885

Registration District No. *2701*Registered No. *2*

(For use of Local Registrar)

(No.)

(St.)

(Ward)

(2) Full Name of Child *Richard Johnson Jr.*

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

(3) BOY OR GIRL *Boy*(4) Twin or Triplet *No*

(5) Number in order of Birth

(6) Any Parents Married *Yes*(7) DATE OF BIRTH *Jan 1 1922*

(Month of Month) (Day) (Year)

FATHER

(8) FULL NAME *Richard Johnson*(9) PRESENT POSTOFFICE OF FATHER *Camden S C*(10) COLOR OR RACE *Col*(11) AGE AT LAST BIRTHDAY *20* (Years)(12) BIRTHPLACE *Lawrence*(13) OCCUPATION *Farmer*

MOTHER

(14) NAME BEFORE MARRIAGE *Mattie Butler*(15) PRESENT POSTOFFICE OF MOTHER *Camden S C*(16) COLOR OR RACE *Col*(17) AGE AT LAST BIRTHDAY *19* (Years)(18) BIRTHPLACE *Lawrence*(19) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *2*(21) 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* at *10:20 AM* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sarah Mills*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *at 1020 AM*

Given name added from a supplemental report

(26) Witness *John*

(Signature of Witness necessary only when question 22 is signed by physician or midwife)

(27) Filed *Jan 1 1922*

(28) Local Registrar

When there was no attending physician or midwife, 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.