

(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. For State Registrar Only
8266

Registration District No. 3003

Registered No. 17
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. _____ St. _____ Ward _____)

(2) Full Name of Child Isaac Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Y (4) Twin or Triplet? _____ (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 17 1922
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Isaac Johnson
 (9) PRESENT POSTOFFICE OF FATHER Brooklyn
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE _____
 (13) OCCUPATION teacher
 (20) Number of children born to mother, including present birth 14

MOTHER

(14) NAME BEFORE MARRIAGE Maddie Holley
 (15) PRESENT POSTOFFICE OF MOTHER Osceola
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 20 (Year)
 (18) BIRTHPLACE _____
 (19) OCCUPATION farm help
 (21) 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 _____ at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Janett Gray
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Osceola

Given name added from a supplemental report

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

(27) File No. Mar 17 1922 (28) Mrs. M. D. Gray 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.