

(1) PLACE OF BIRTH

County of Richland
Township of Lowen
or
Inc. Town of
or
City of Hopkins (No. R.P.S. 2)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12706

Registration District No. 2802

Registered No. 154
(For use of Local Registrar)

(2) Full Name of Child Alice 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 4th (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 2, 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathaniel Johnson
(9) PRESENT POSTOFFICE OF FATHER Hopkins S.C. R 2
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Fairfield Co., Wallerwille S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Gertrude Friday
(15) PRESENT POSTOFFICE OF MOTHER Hopkins R 2
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE Fairfield Co., Wallerwille
(19) OCCUPATION Wife of Farmer
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 6 P.M. on the date above stated.
(Born alive or stillborn) (Hour, M. or P.M.)

(23) (Signature) Charlotte Jackson
(24) State whether Physician or Midwife 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 mother)

(27) Filed Mar 10 1922 (28) J. P. Harris 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.