

(1) PLACE OF BIRTH

County of CherokeeTownship of Cherokeeor
Inc. Town ofCity of (No. St.; Ward)
(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

14298

Registration District No. 1201 Registered No. 49
(For use of Local Registrar)(2) Full Name of Child Lucell 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? No (7) DATE OF BIRTH May 4 1922
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Rufus Ellison9. PRESENT POSTOFFICE OF FATHER Cherokee SC10. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28
(Years)12. BIRTHPLACE SC13. OCCUPATION Farm laborer20. Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Johnson(15) PRESENT POSTOFFICE OF MOTHER Cherokee SC(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Farm laborer(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 Alive at 11 A. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lettie Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cherokee SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 10 1922 (28) P. J. Ingram 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.*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.

THIS IS A PERMANENT RECORD. IT IS A PUBLIC RECORD. IT IS A RECORD OF THE STATE OF SOUTH CAROLINA. IT IS A RECORD OF THE BIRTH OF A CHILD. IT IS A RECORD OF THE DEATH OF A CHILD. IT IS A RECORD OF THE MARRIAGE OF A CHILD. IT IS A RECORD OF THE DIVORCE OF A CHILD. IT IS A RECORD OF THE ADOPTION OF A CHILD. IT IS A RECORD OF THE FOSTER CARE OF A CHILD. IT IS A RECORD OF THE GUARDIANSHIP OF A CHILD. IT IS A RECORD OF THE CUSTODY OF A CHILD. IT IS A RECORD OF THE SUPPORT OF A CHILD. IT IS A RECORD OF THE MAINTENANCE OF A CHILD. IT IS A RECORD OF THE EDUCATION OF A CHILD. IT IS A RECORD OF THE TRAINING OF A CHILD. IT IS A RECORD OF THE EMPLOYMENT OF A CHILD. IT IS A RECORD OF THE SUPPORT OF A CHILD. IT IS A RECORD OF THE MAINTENANCE OF A CHILD. IT IS A RECORD OF THE EDUCATION OF A CHILD. IT IS A RECORD OF THE TRAINING OF A CHILD. IT IS A RECORD OF THE EMPLOYMENT OF A CHILD.