

Form No. 1

## (1) PLACE OF BIRTH

County of Zachary

Township of .....

or

Inc. Town of No. 2

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34279

Registration District No. 199.1 Registered No. 58

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

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

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Sept. 25, 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Samuel Johnson

(9) PRESENT POSTOFFICE OF FATHER

Woodward

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

38  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

12

## MOTHER.

(14) NAME BEFORE MARRIAGE

Maggie Davis

(15) PRESENT POSTOFFICE OF MOTHER

Woodward

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

29  
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer work

(21) Number of children of this mother now living, including present birth

9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Elmer at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Saila Jackson Cal

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Woodward

Given name added from a supplemental report

(26) Witness

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

(27) Filed Oct. 12, 1922(28) W. G. Blaine

(29) 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.