

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor  
Inc. Town of .....or  
City of Greenville

(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

Registration District No. 2207

File No. — For State Registrar Only

42642Registered No. 76  
(For use of Local Registrar)(2) Full Name of Child Mary Magdalen Johnson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL  
Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH

Dec 25 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Monroe Johnson

(9) PRESENT POSTOFFICE OF FATHER

Route 2 Greenville

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

39  
(Years)

(12) BIRTHPLACE

Greenville SC

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Ducth

(15) PRESENT POSTOFFICE OF MOTHER

Route 2 Greenville

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

33  
(Years)

(18) BIRTHPLACE

Larene SC

(19) OCCUPATION

Farmer

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

6

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

6

## 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)

Charity Means

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Route 8

Given name added from a supplemental report

(26) Witness

Waymon Hawkins

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

(27) Date

Dec 30 1922

(28)

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, and is not reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.