

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Darlington</u>		STATE OF SOUTH CAROLINA		18314	
Township of .....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>15701</u>		Registered No. <u>46</u> ....	
or				(For use of Local Registrar)	
City of .....		(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 <u>James Johnson</u>				{ If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>X</u>		(4) Twin or Triplet? <u>no</u>		(5) Number in order of birth <u>2</u>	
		To be answered only in event of Twins or Triplets		(6) Are Parents Married? <u>yes</u>	
				(7) DATE OF BIRTH <u>June 11, 1922</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Colman Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Lulu Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Darlington</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Darlington</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		
(11) AGE AT LAST BIRTHDAY <u>23</u> ..... (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> ..... (Years)		
(12) BIRTHPLACE <u>Darlington, S.C.</u>			(18) BIRTHPLACE <u>Darlington</u>		
(13) OCCUPATION <u>Farm hand</u>			(19) OCCUPATION <u>Farm hand</u>		
(20) Number of children born to mother, including present birth <u>two</u>			(21) Number of children of this mother now living, including present birth <u>one</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>7:30</u> A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Molly Burnett</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Darlington, S.C.</u>					
<u>R. F. D.</u>					
Given name added from a supplemental report			(26) Witness .....		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 19 .....			(27) Filed <u>July 1, 1922</u>		
Registrar			(28) <u>E. L. Early</u> 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.					