

Form No. 1

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Fish Pond  
 or  
 Inc. Town of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

37254

Registration District No. 402 Registered No. 65  
 (For use of Local Registrar)

(No. .... St.; .... Ward)  
 City of .....  
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

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

1. BOY OR GIRL girl 4. Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 11 10 22  
 (Name of Month) (Day) (Year)

## FATHER

8. FULL NAME Preston Johnson  
 9. PRESENT POSTOFFICE OF FATHER Branchville S.C.  
 10. COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23  
 (Years)  
 12. BIRTHPLACE S.C.  
 13. OCCUPATION Farmer

## MOTHER

14. NAME BEFORE MARRIAGE Jessie Carter  
 15. PRESENT POSTOFFICE OF MOTHER Branchville  
 16. COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30  
 (Years)  
 18. BIRTHPLACE S.C.  
 19. OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 4

20. Number of children born to mother, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. S. Fender M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charlottesville S.C.

Given name added from a supplemental report

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

(27) Filed 12/2 1922 (28) J. C. Linnick 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.