

(1) PLACE OF BIRTH

County of Ham
 Township of Bayboro
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

19002

Registration District No 2500 Registered No. 30
 (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 Therence Lee 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 19, 1922
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	<u>A. H. Johnson</u>	(14) NAME BEFORE MARRIAGE	<u>C. L. Granger</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Gentry, S. C. R. 1</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Gentry, S. C. R. 1</u>
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>
(11) AGE AT LAST BIRTHDAY	<u>52</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>39</u> (Years)
(12) BIRTHPLACE	<u>Ham Co. S. C.</u>	(18) BIRTHPLACE	<u>Ham Co. S. C.</u>
(13) OCCUPATION	<u>Farming</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>8</u>	(21) Number of children of this mother now living, including present birth	<u>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... at 8-30 AM.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. E. Granger
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gentry, S. C. R. 1

Given name added from a supplemental report

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

..... 19 ..
 Registrar

(27) Filed June 24, 1922 (28) J. E. Beec 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.