

No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

(3) BOY OR
GIRL

girl

(4) Twin
or Triplet(5) Number in
order of birth
To be answered only in case of Twin or Triplet(6) Are
Parents
Married

Yes

(7) DATE OF

BIRTH

(Name, Month, Day, Year)

July 23 1922

FATHER.

(8) FULL
NAME

Morris Johnson

(9) PRESENT
POSTOFFICE
OF FATHER

Eastover S C

(10) COLOR
OR
RACE

Colored

(11) AGE AT LAST
BIRTHDAY

2 yr

(12) BIRTHPLACE

Ibid

(13) OCCUPATION

lab

MOTHER.

(14) NAME BEFORE
MARRIAGE

Angie

(15) PRESENT
POSTOFFICE
OF MOTHER

Eastover S C

(16) COLOR
OR
RACE

Colored

(17) AGE AT LAST
BIRTHDAY

20

(18) BIRTHPLACE

Wilkes S C

(19) OCCUPATION

House Keeping

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

2

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 10 a.m.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Emma B. B. B.

(Given name added from a supplement-
tal report)

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)

(27) Filed

7/15 1922

(28) (Signature)

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.