

(1) PLACE OF BIRTH

County of Harvey
 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

38805

Registration District No. 2.5.2.4. Registered No. 7.0
 (For use of Local Registrar)

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Pearl 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22 22
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Ram Johnson
 (9) PRESENT POSTOFFICE OF FATHER Lake View S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
 (Years)
 (12) BIRTHPLACE Marion Co, SC
 (13) OCCUPATION Farming

MOTHER

(14) NAME BEFORE MARRIAGE Sallie Malinda Horne
 (15) PRESENT POSTOFFICE OF MOTHER Lake View S.C., RI
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Georgia
 (19) OCCUPATION Farming

(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:50 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hugh Richardson
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Loris 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 Dec 8 1922 (28) J. E. Bell 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.

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