

## (1) PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 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

18812

Registration District No. 22057Registered No. 204  
(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 Charles Johnson

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? Boy 4) Twin or Triplet? No 5) Number in order of birth 1 6) Are Parents Married? Yes 7) DATE OF BIRTH May 23 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Lester Johnson  
 9) PRESENT POSTOFFICE OF FATHER Greenville SC  
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 27 (Year)  
 12) BIRTHPLACE Greenville, S.C.  
 13) OCCUPATION Landscape Gardener  
 20) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Elie May Williams  
 15) PRESENT POSTOFFICE OF MOTHER Same  
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 19 (Year)  
 18) BIRTHPLACE Greenville, S.C.  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:25 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville, 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 June 15 1922 (28) A. H. Mack 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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