

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Abbeville
Township of
or
Inc. Town of
or
City of Abbeville

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

File No.—For State Registrar Only
6160

Registration District No. 1 a Registered No. 35
(For use of Local Registrar)

(2) Full Name of Child

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

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 Mar. 14, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Johnson
(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27
(12) BIRTHPLACE Abbeville, S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Bradley
(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C.
(16) COLOR OR RACE Blk. (17) AGE AT LAST BIRTHDAY 35
(18) BIRTHPLACE Bradley, S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Cynthia Y. Johnston
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville, S.C.

Given name added from a supplemental report

(26) Witness Miss Julia M. Allister
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed March 15, 1922 (28) Miss Julia M. Allister
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.