

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of Andersonor
City of

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6355

Registration District No. 574 Registered No. 86
(For use of Local Registrar)(No. 31 Henderson St.; Ward)(2) Full Name of Child Rose Eugene Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>X</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>X</u>	(7) DATE OF BIRTH <u>3</u> - <u>3</u> - <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME W. E. Eugene Johnson(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
(Year)

(12) BIRTHPLACE

(13) OCCUPATION Union Co. Ga.Cotton mill operative(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mable Kinsey(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Year)

(18) BIRTHPLACE

Hall Co. Ga.

(19) OCCUPATION

Domestic(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M.
on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) W. E. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Anderson S.C.

Given name added from a supplemental report

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

F. B. CRAYTON,

(27) Filed (28) (29) ANDERSON

*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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