

(1) PLACE OF BIRTH

County of Robley
Township of James
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

4108 32

Registration District No. 703

Registered No. 89
(For use of Local Registrar)

(2) Full Name of Child

James Johnson

(No. 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 one

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 7, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Willie Johnson

(9) PRESENT POSTOFFICE OF FATHER SC

(10) COLOR OR RACE colored

(11) AGE AT LAST BIRTHDAY 23
(Year)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Dorothy Johnson

(15) PRESENT POSTOFFICE OF MOTHER Robley

(16) COLOR OR RACE colored

(17) AGE AT LAST BIRTHDAY 20
(Year)

(18) BIRTHPLACE Robley

(19) OCCUPATION Labour

(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 Alive (Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.

(23) (Signature) James Johnson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Robley

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec. 15, 1922

(28) B.M. Barron Local Registrar

*When there was no attending physician or midwife, 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.