

(1) PLACE OF BIRTH

County of *Richland*Township of *Richland*

Inc. Town of

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

Registration District No. *3804^a*

File No.—For State Registrar

22443

Registered No. *37*
(For use of Local Registrar)(2) Full Name of Child *Samuel James Johnson* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <i>Boy</i>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age From Married <i>10</i>	(7) DATE OF BIRTH <i>July 23 1923</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <i>Winifred Moore</i>			(10) NAME BEFORE MARRIAGE <i>Queen Garrison</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Calumet R # 3</i>			(11) PRESENT POSTOFFICE OF MOTHER <i>Calumet R # 3</i>	
(12) COLOR OR RACE <i>colored</i>	(13) AGE AT LAST BIRTHDAY <i>18</i> (Years)	(14) COLOR OR RACE <i>colored</i>	(15) AGE AT LAST BIRTHDAY <i>17</i> (Years)	
(16) BIRTHPLACE <i>Richland Co</i>		(17) BIRTHPLACE <i>Fairfield Co</i>		
(18) OCCUPATION <i>laborer</i>		(19) OCCUPATION <i>house keeping</i>		
(20) Number of children born to mother, including present birth <i>1</i>		(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) *Blissie M. Taylor*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Aug 10 1923* (28) *L. M. Taylor* 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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