

(1) PLACE OF BIRTH

County of *Wm. Ashburg*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

20422

Township of *Anderson*

Inc. Town of

Registration District No.

Registered No.
(For use of Local Registrar)City of (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... *Bafoet Johnson*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH *May 15 1922*
Month (Day) (Year)

FATHER

(8) FULL NAME *Jonie Johnson*(9) PRESENT POSTOFFICE OF FATHER *Hind. SC.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *41*
(Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Public labor*(14) Number of children born to mother, including present birth *9*

MOTHER

(14) NAME BEFORE MARRIAGE *Anner Cox*(15) PRESENT POSTOFFICE OF MOTHER *Hind. SC.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *41*
(Years)(18) BIRTHPLACE *S.C.*

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5 P.M.* on the date above stated.
(If born alive or stillborn, state A.M. or P.M.)(23) (Signature) *D.S. Porter*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Anderson SC

Given name added from a supplemental report

....., 191....

.....
Registrar

(26) Witness (Signature of Witness to assure only when question 23 is signed by mother)

(27) Filed 191.... (28) *G.F. Canlin*
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.

..... Registrar

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FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

K. M. McCaw, of Columbia

McCaw