

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Landersville
 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

36902

Registration District No. Registered No. 79
 (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 Richard Johnson Jr. [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 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 9, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Richard Johnson Jr.(9) PRESENT POSTOFFICE OF FATHER Landersville S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Domestic(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Mary(15) PRESENT POSTOFFICE OF MOTHER Landersville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35
 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(21) 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 born at Landersville M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Hunter
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

..... 19 ..
 Registrar

(27) Filed Dec 10, 1922 (28) John S. Hunter
 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.

SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

MEANS OF COLUMBIA, COLUMBIA, S. C.