

Form No. 3

(1) PLACE OF BIRTH

County of Anderson

Township of

or

Inc. Town of Williamston

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

40893

Registration District No. 364Registered No. 61
(For use of Local Registrar)

(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

John Henry Johnson

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 1(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 2 1922
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Johnson

(9) PRESENT POSTOFFICE OF FATHER

Williamston SC

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

20
(Years)

(12) BIRTHPLACE

Anderson Co

(13) OCCUPATION

Farmer

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

4

MOTHER.

(14) NAME BEFORE MARRIAGE

Nina Moorehead

(15) PRESENT POSTOFFICE OF MOTHER

Williamston SC

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27
(Years)

(18) BIRTHPLACE

Anderson Co

(19) OCCUPATION

Farming

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

4

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)

Eliza Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Given name added from a supplemental report

Har

(26) Witness

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

(27) Filed

Jan 12 1923

(28)

J. K. Martinez
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.

Form No. 3
SEE INSTRUCTIONS FOR EACH CHILD, and mark the
Form No. 1. THE OTHER, No. 2, etc., in question 5.
REGISTERED IN COLUMBIA, S. C.