

## (1) PLACE OF BIRTH

County of OrangeburgTownship of Windsoror  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Johnson

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

(3) ☒ BOY(4) ☐ Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? Yes

(7) DATE OF

BIRTH Jan 21 19 22  
(Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMERobert Johnson(9) PRESENT  
POSTOFFICE  
OF FATHERCameron S.C.(10) COLOR  
OR  
RACEColored(11) AGE AT LAST  
BIRTHDAY 22  
(Years)

(12) BIRTHPLACE

G.D. Hinkle

(13) OCCUPATION

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

## MOTHER.

(14) NAME BEFORE  
MARRIAGERuth Felder(15) PRESENT  
POSTOFFICE  
OF MOTHERCameron S.C.(16) COLOR  
OR  
RACEColored(17) AGE AT LAST  
BIRTHDAY 17  
(Years)

(18) BIRTHPLACE

G.D. Hinkle

(19) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 4:20 P.M.,  
on the date above stated. (Born alive Yes (Hour A. M. or P. M.)(23) (Signature) Emma Decker

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Orangeburg S.C.Given name added from a supplement  
report

(26) Witness

Mrs. Roland Zengler(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 2/28 19 22(28) W. I. Hampton Decker

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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5380

Registration District No. 3620Registered No. 15  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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MARGIN RESERVED FOR BINDING.

THIS PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.

In the case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

Form No. 8