

## (1) PLACE OF BIRTH

County of York  
 Township of Flat Creek

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

30920

Inc. Town of ..... Registration District No. 2803 Registered No. 94  
 or  
 City of ..... (No. .... St. .... Ward) (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 1 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wm D. Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Kenner  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE SC

## (13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Blanche E. Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Kenner  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19 (Years)  
 (18) BIRTHPLACE SC

## (19) OCCUPATION

Domestic

(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was White at 11 45 M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. P. B. Johnson

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

Given name added from a supplemental report

..... 191....

..... Registrar

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

(27) Filed Oct 22 1922 (28) J. C. Nelson 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.