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Form No. 1

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In 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.

(1) PLACE OF BIRTH

County of Greenville  
Township of Paris Mt.  
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  
**1492**

Registration District No. 2217 Registered No. 5  
(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 Harry Thompson Johnson  
(If child is not yet named, make appropriate report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 3 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Will Johnson  
(9) PRESENT POSTOFFICE OF FATHER Travelers Rest #4  
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 47 (Years)  
(12) BIRTHPLACE Pickens Co.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Sultana Thompson  
(15) PRESENT POSTOFFICE OF MOTHER Travelers Rest #4  
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE Greenville  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Johnson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenville #3

Given name added from a supplemental report  
.....  
..... 19 ..  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Feb 5 1922 (28) John B. Kester Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report as directed.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.

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