CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
357

(1) PLACE OF BIRTH

County of Richland

Township of Columbia or

Inc. Town of ..... or

City of .....

Registration District No. 60 1/2 Registered No. 5
(For use of Local Registrar)

..... St.; ..... Ward)
(No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(2) Full Name of Child Harrison Johnson

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Jan 5 1927

FATHER.

(8) FULL NAME James Johnson

(9) PRESENT POSTOFFICE OF FATHER Irmo SC

(10) COLOR OR RACE B

(11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Harriet Smalls

(15) PRESENT POSTOFFICE OF MOTHER Irmo SC

(16) COLOR OR RACE B

(17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3 (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Physician or Midwife Pearman Woodson

(24) State whether Midwife

(25) Address of Physician or Midwife Irmo SC

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

..... 19 .....
Registrar

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

(27) Filed 1/9 1927 (28) J. P. Stevens
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.

MARRIAGE RECORD—RED RESIDENCE.
WHITE PLAINS, WHITE UNDERWEAR—INSERT IN A RIGHT ANGLE SLOT.
N. B.—In case of TWINS OR TRIPLETS, use a SEPARATE CERTIFICATE for each, and mark the BOOK OF COLUMBIA, COLUMBIA, S. C.