

(1) PLACE OF BIRTH

County of Aiken
 Township of Windsor
 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
20728

Registration District No. 215

Registered No. 42
 (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

Peter Johnson If child is not yet named, make supplemental 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

June 20, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Matthew Johnson

(9) PRESENT POSTOFFICE OF FATHER

Montmorency, S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

4-9
(Years)

(12) BIRTHPLACE

Sumter, S.C.

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Lela Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Montmorency, S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

3-0
(Years)

(18) BIRTHPLACE

Sumter, S.C.

(19) OCCUPATION

Farmer

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive..... at 10:30 AM.
 on the date above stated. (Born alive or stillborn, (Hour A. M. or P. M.))

(23)

(Signature)

Minder Johnson

(24)

State whether, Physician or Midwife

Child wife

(25) Address of Physician or Midwife

Montmorency, S.C.

Given name added from a supplemental report

(26) Witness

A.C. Bonney

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

(27)

Full Name of Registrar

(28)

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.