

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 1.

(1) PLACE OF BIRTH County of <u>1st</u> Township of <u>P. Island</u> or Inc. Town of <u>P. Island</u> or City of <u> </u> (No. <u> </u> St. <u> </u> Ward <u> </u>) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No. <u>31798</u>	
Registration District No. <u>6a</u>		Registered No. <u>26</u> (For use of Local Registrar)			
(2) Full Name of Child <u>JAMES MARVIN JOHNSON</u>					
(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 18, 1922</u> (Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William M. Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Ethel Viola Crow</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Paris Island S.C.</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Paris Island, S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Year)		
(12) BIRTHPLACE <u>Delaware</u>			(18) BIRTHPLACE <u>Delaware</u>		
(13) OCCUPATION <u>Soldier</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>4:55 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Richard B. Shea</u>					
(24) (Signature) <u>Paris Island S.C.</u>					
(25) Address of Physician or Midwife <u>Paris Island S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 25 is signed by mark) <u> </u>		
19 <u>22</u> Registrar			(27) Filed <u>12/15</u> <u>23</u>		
*When there was no attending physician or midwife, then the father, householder, etc., certify. If a child breathes even once, it must not be reported as stillborn. No report is desired before the fifth month of pregnancy.					

OFFICE OF THE COMMISSIONER OF HEALTH, COLUMBIA, S. C.