

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of South

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

42671

Registration District No 2207 Registered No. 72
(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 Boyce Johnson

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Dec 24 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nices Johnson(9) PRESENT POSTOFFICE OF FATHER Greenville, S.C. R.F.D.#6(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 64
(Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Flossie Magbee(15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C. R.F.D.#6(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 43
(Year)(18) BIRTHPLACE S.C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sylvia Baskin(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville, S.C. R.F.D.#6

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 30 1922(28) E. B. Hendrix
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.

N. B.—In case of TWINS OR TRIPLETS, mark the first-born, No. 1. THE OTHER, No. 2, etc., in question 5.