

(1) PLACE OF BIRTH

County of Anderson
Township of Honea Path
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

6462

Registration District No. 307 Registered No. 3435
(For use of Local Registrar)

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

2) Full Name of Child Bertha Johnson { If child is not yet named, make supplemental report as directed

(3) Sex Girl (4) Twin or triplet? (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH 3-15-22
(Name of Month) (Day) (Year)

FATHER.

3) FULL NAME Wilford Emerson Johnson

4) PRESENT POSTOFFICE OF FATHER Honea Path S.C.

5) COLOR OR RACE Black (ii) AGE AT LAST BIRTHDAY 30 (Years)

6) BIRTHPLACE Athens Ga.

7) OCCUPATION Farming

8) Number of children born to mother, including present birth 6

MOTHER.

14) NAME BEFORE MARRIAGE Bertha Virginia McIsaac

15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.

16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 39 (Years)

18) BIRTHPLACE Anderson Co.

19) OCCUPATION Domestic

20) 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 9:30 A.M. (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) H. B. Williams
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

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

(27) Filed 191 (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.

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