

(1) PLACE OF BIRTH

County of FairfieldTownship of No. 11or
Inc. Town of Wallacevilleor
City of 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 Willie Johnson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>No</u> <small>Take answer only in case of Twins or Triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June the 24th 1922</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Willie Johnson(9) PRESENT POSTOFFICE OF FATHER Wallaceville, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Fairfield Co(13) OCCUPATION Wagon Laborer(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Birtha Friday(15) PRESENT POSTOFFICE OF MOTHER Wallaceville, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Fairfield Co(19) OCCUPATION House work and farm work(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at the time of birth on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) M. L. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar(26) Witness J. P. Johnson

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

(27) Filed July the 15th 1922 J. P. Johnson 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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