

See Vol. 17 # 14834

## (1) PLACE OF BIRTH

County of Florence

Township of .....

Inc. TOWNSHIP OF .....

City of Florence

(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. — For State Registrar Only

34317

Registration District No. 20Registered No. ....  
(For use of Local Registrar)(2) Full Name of Child George 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>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>May 28 1922</u> (Month) (Day) (Year)
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## FATHER

(8) FULL NAME Cornelius Johnson(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38  
(Year)(12) BIRTHPLACE Florence(13) OCCUPATION Days Labor(22) Number of children born to mother, including present birth Seven

## MOTHER

(14) NAME BEFORE MARRIAGE Bernie Richardson(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27  
(Year)(18) BIRTHPLACE Darlington S.C.(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 11:30 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Eugenia Wilkins(25) State whether Physician or Midwife Midwife(26) Address of Physician or Midwife Florence S.C.

Given name added from a supplemental report

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

(28) Filed (29) Local Registrar

MARGIN RESERVED FOR BINDING.

WITH PLAINLY, WITH UNPAID INC.—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 5.