

(1) PLACE OF BIRTH

County of *Sp. Johnston*Township of *Sp. Johnston*Inc. Town of *Sp. Johnston*City of *Sp. Johnston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

32320

Registration District No. *4008* Registered No. *297*

(For use of Local Registrar)

City of *Sp. Johnston* (No. *297* instead of street and number.)(2) Full Name of Child. *John M. Fisher* 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? *Y*(7) DATE OF BIRTH *3 17 1922*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. M. Fisher*(9) PRESENT POSTOFFICE OF FATHER *Campbell S.C.*(10) COLOR OR RACE *W*(11) AGE AT LAST BIRTHDAY *46* (Years)(12) BIRTHPLACE *U.C.*(13) OCCUPATION *Farmer*(14) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lula Thiel*(15) PRESENT POSTOFFICE OF MOTHER *Sp. Johnston*(16) COLOR OR RACE *W*(17) AGE AT LAST BIRTHDAY *37* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *D*(20) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was *born* at *Sp. Johnston* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *R. H. Hunter*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *C*

Given name added from a supplemental report

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

(27) Filed *Sept. 12, 1922* (28) *Mrs. C. F. Parker* 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.