

## (1) PLACE OF BIRTH

County of .....

Township of .....

OR

Inc. Town of .....

OR

City of Greenville, S. C.

(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

4288

Registration District No. 22 ARegistered No. 97  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married?(7) DATE OF  
BIRTH 28th 22 1928  
(Name of Month) (Day) (Year)

## FATHER:

(8) FULL  
NAME Louise Johnson(9) PRESENT  
POSTOFFICE  
OF FATHER Greenville, S. C.(10) COLOR  
OR  
RACE Negro(11) AGE AT LAST  
BIRTHDAY 30 .....  
(Year)(12) BIRTHPLACE  
Anderson, S. C.(13) OCCUPATION  
Waiter(20) Number of children born to  
mother, including present birth6

## MOTHER:

(14) NAME BEFORE  
MARRIAGE Katie Jackson(15) PRESENT  
POSTOFFICE  
OF MOTHER Greenville, S. C.(16) COLOR  
OR  
RACE Negro(17) AGE AT LAST  
BIRTHDAY 28 .....  
(Year)(18) BIRTHPLACE  
Greenville, S. C.(19) OCCUPATION  
Housekeeper(21) Number of children of this mother  
now living, including present birth5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive, 3:55 P. M. at ..... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report(26) Witness .....  
(Signature of Witness necessary only  
when question 22 is signed by mark)(27) Filed Mar 2 22 (28) [Signature]  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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before the fifth month of pregnancy.