

(1) PLACE OF BIRTH

County of Marengo
 Township of Brownsville

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

31308

Inc. Town of Registration District No. 3203 Registered No. 49
 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. Herbert Johnson If child is not yet named, make supplemental report as directed

(1) SEX OR GENDER Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 25 1922
 (Name of Month) (Day) (Year)

FATHER.

MOTHER

(8) NAME Isaac Jackson

(14) NAME BEFORE MARRIAGE Katie Johnson

(9) PRESENT POSTOFFICE OF FATHER Brownsville S.C.

(15) PRESENT POSTOFFICE OF MOTHER Brownsville

(10) AGE AT LAST BIRTHDAY 39 (Years)

(16) COLOR OR RACE Colored

(11) BIRTHPLACE Marengo Co.

(17) BIRTHPLACE Marengo

(12) OCCUPATION Farming

(18) OCCUPATION Farm labor

(13) Number of children born to mother, including present birth 5

(19) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive (Hour A. M. or P. M.) 9 P. M.
 on the date above stated.

(23) (Signature) J. L. Leland (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Oct 5

Name added from a supplemental report

(26) Witness

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

(27) Filed Oct 5 1922 (28) R. D. Rogers Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If birth has been reported as stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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