

(1) PLACE OF BIRTH

County of BarnwellTownship of HallstonOF
Inc. Town of.....OF
City of.....

(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

12960

Registration District No. 813Registered No. 33

(For use of Local Registrar)

(2) Full Name of Child

Murtis Johnson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>May 10 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John E. Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Marion Reed</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hallston SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hallston SC</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>48</u> (Year)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> (Year)	
(12) BIRTHPLACE <u>SC</u>			(18) BIRTHPLACE <u>SC</u>	
(13) OCCUPATION <u>Farm Hand</u>			(19) OCCUPATION <u>Wife and Field Hand</u>	
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother now living, including present birth <u>12</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was..... M.,
on the date above stated. (Day, Month or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary N. N. N.

(24) State whether

Physician or Midwife

Given name added from a supplemental report

(26) Witness Murtis Johnson

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

(27) Filed June 4 1922 (28) J. E. 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.