

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Orange

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Edward Johnson

File No.—For State Registrar Only

31702

Registration District No. 3.6.13Registered No. 124

(For use of Local Registrar)

3) BOY OR GIRL

Boy

(4) Twin or Triplet?

No

(5) Number in order of Birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept 15 - 22

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

John Johnson

9) PRESENT POSTOFFICE OF FATHER

Orly SC

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

30

(Years)

12) BIRTHPLACE

Orly CO SC

13) OCCUPATION

works on farm

MOTHER.

(14) NAME BEFORE MARRIAGE

Beel Keyward

(15) PRESENT POSTOFFICE OF MOTHER

Orly SC

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Orly CO SC

(19) OCCUPATION

works on farm

20) Number of children born to mother, including present birth

3

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive ...at 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Silver

(24) State whether Physician or Midwife

midwife

(25) Address of Physic or Midwife

Orly SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 20 1922

(28)

A. P. Fairley

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.