

(1) PLACE OF BIRTH

County of MarionTownship of Marionor Inc. Town of Marionor City of Marion

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32A

File No.—For State Registrar Only

31235

Registered No. 78
(For use of Local Registrar)

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

(2) Full Name of Child William Johnson

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

(1) BOY OR GIRL Boy(2) Twin or Triplet No(3) Number in order of birth 1
To be answered only in event of Twins or Triplets(4) Are Parents Married? Yes(5) DATE OF BIRTH Sept 5, 22

(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME David Johnson(7) PRESENT POSTOFFICE OF FATHER Marion, Ark(8) COLOR OR RACE Card(9) AGE AT LAST BIRTHDAY 37
(Years)(10) BIRTHPLACE Card(11) OCCUPATION Farmer(12) Number of children born to mother, including present birth 7

MOTHER.

(13) NAME BEFORE MARRIAGE Rebecca Rivel(14) PRESENT POSTOFFICE OF MOTHER Marion, Ark(15) COLOR OR RACE Black(16) AGE AT LAST BIRTHDAY 35
(Years)(17) BIRTHPLACE Card(18) OCCUPATION House Keeping(19) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)(21) (Signature) Rebecca Rivel(22) State whether Physician or Midwife Midwife(23) Address of Physician or Midwife Marion, Ark

Given name added from a supplemental report

(24) Witness John Montgomery

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

(25) Filed Oct 10, 1922(26) Local Registrar John Montgomery

*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.