

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Bamberg  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17590

Registration District No. 400Registered No. 92  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Eddie Johnson

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

3. SEX OF CHILD Boy 4. Twin or Triplet? No 5. Number in Order of Birth No 6. Are Parents Married? No 7. DATE OF BIRTH June 29, 1922  
 To be answered only in case of Twin or Triplets (Month) (Day) (Year)

FATHER  
 8. FULL NAME E. J. Johnson  
 9. PRESENT POSTOFFICE OF FATHER Bamberg S.C. R. 4  
 10. COLOR OR RACE Negro 11. AGE AT LAST BIRTHDAY 20  
 12. BIRTHPLACE Bamberg Co., S.C.  
 13. OCCUPATION Farmer  
 14. PRESENT POSTOFFICE Bamberg

MOTHER  
 14. NAME BEFORE MARRIAGE Edna Carter  
 15. PRESENT POSTOFFICE OF MOTHER Bamberg S.C. R. 4  
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 18  
 18. BIRTHPLACE Bamberg Co., S.C.  
 19. OCCUPATION Farmer  
 20. PRESENT POSTOFFICE Bamberg  
 21. Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born alive at 8 a.m. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) James H. Cooper  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg S.C. R. 4

26. I hereby certify that I received from a supplemental report

(26) Witness James H. Cooper  
 (Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 7/8 19 22 (28) James H. Cooper  
 Local Registrar

\*If the attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.