

Form No. 1

## (1) PLACE OF BIRTH

County of Colleton  
 Township of Ward  
 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

41869

Registration District No. 1409 Registered No. 83  
 (For use of Local Registrar)

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

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 09-15-1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Frank Johnson9) PRESENT POSTOFFICE OF FATHER Walterboro10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY 60  
 (Years)12) BIRTHPLACE S.C.13) OCCUPATION Farming20) Number of children born to mother, including present birth 10

## MOTHER.

14) NAME BEFORE MARRIAGE Mary Bruce15) PRESENT POSTOFFICE OF MOTHER Walterboro16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY 25  
 (Years)18) BIRTHPLACE S.C.19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Wiley Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walterboro

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 8 19 23 (28) Mrs. Mamen Taylor 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.

MARGIN RESERVED FOR BINDING. WHITE PLAIN. WITH ENFOLDING INC.—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. MEDIAN OF COLUMBIA, COLUMBIA, S. C.