

(1) PLACE OF BIRTH

County of Berkley
 Township of 1st Johnson
 Inc. Town of
 of
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10122

Registration District No. 762Registered No. 700
(For use of Local Registrar)

(No. St. Ward)

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

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

(2) Full Name of Child Rebecca Johnson

3. BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth 4(6) Are Parents Married? yes(7) DATE OF BIRTH Apr 8 19 22
(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME David Johnson(2) PRESENT POSTOFFICE OF FATHER Cordova, S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 36 (Year)(12) BIRTHPLACE Berkley Co(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Johnson(15) PRESENT POSTOFFICE OF MOTHER Cordova, S.C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE Berkley Co(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) Louise M. H. H.(24) State whether Physician or Midwife: Cordova, S.C.

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 32 is signed by mark

(27) (Signature) J. D. Cannon

Local Registrar

19 22 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.