

(1) PLACE OF BIRTH

County of Bamberg

Township of

or

Inc. Town of

City of Bamberg

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

13684

Registration District No. 4A

Registered No. 70
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child William Calvin Johnson
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

3) SEX Boy 4) Twin or Triplet? 5) Number in order of Birth 1
To be answered only in event of Twins or Triplets. 6) Are Parents Married? Yes 7) DATE OF BIRTH 5/14/22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Marion Turner Johnson

9) PRESENT POSTOFFICE OF FATHER Bamberg SC

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 48
(Year)

12) BIRTHPLACE Barnwell Co SC

13) OCCUPATION RR Agent

20) Number of children born to mother, including present birth 4

MOTHER.

14) NAME BEFORE MARRIAGE Addie Brathan

15) PRESENT POSTOFFICE OF MOTHER Bamberg SC

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 36
(Year)

18) BIRTHPLACE Bamberg Co SC

19) OCCUPATION Domestic

21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:20 P.M. on the date above stated. (born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Roll Black

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bamberg SC

Give name added from a supplemental report

(26) Witness

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

(27) Filed 5/20/22

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(28)

Local Registrar John Coover

*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.

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