

(1) PLACE OF BIRTH

County of Bamberg

Township of

or

Inc. Town of

City of Bamberg

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

(2) Full Name of Child William Calvin Johnson(3) SEX Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

5/14/22
(Name of Month) (Day) (Year)Registered No. 20
(For use of Local Registrar)CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
13684Registration District No. 4ASt. Ward

(Supplemental report as directed)

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

MOTHER.

(14) NAME BEFORE MARRIAGE Addie B. 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 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

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(28)

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.

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