

MARGIN REEDED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of twins or triplets use a separate blank for each child, and mark the first-born, No. 1 the other, No. 2, etc., in question 5.

# (1) PLACE OF BIRTH

County of Charleston

Township of .....

or Inc. Town of .....

or City of Charleston, S.C.

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

## CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 9 A Registered No. 1975  
(For use of Local Registrar)

File No.—For State Registrar Only  
**41316**

### (2) Full Name of Child Samuel Johnson

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

3) SOY OR GIRL? B 4) Twin or Triplet? X 5) Number in order of birth X 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec. 6, 1922  
(Name of Month) (Day) (Year)

FATHER  
8) FULL NAME Joseph Johnson  
9) PRESENT POSTOFFICE OF FATHER  
10) COLOR OR RACE C 11) AGE AT LAST BIRTHDAY 40 (Years)  
12) BIRTHPLACE Charleston, S.C.  
13) OCCUPATION Laborer  
20) Number of children born to mother, including present birth: 10

MOTHER  
14) NAME BEFORE MARRIAGE Annie Williams  
15) PRESENT POSTOFFICE OF MOTHER 4 So - Alexander  
16) COLOR OR RACE C 17) AGE AT LAST BIRTHDAY 30 (Years)  
18) BIRTHPLACE Charleston, S.C.  
19) OCCUPATION Domestic  
21) Number of children of this mother now living, including present birth: 8

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Robinson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 52 Calhoun

Given name added from a supplemental report: \_\_\_\_\_  
(26) Witness (Signature of Witness necessary when question 23 is signed by a parent) \_\_\_\_\_  
(27) Filed 12/13/22 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.

RECEIVED OF COLUMBIA, S. C.