

(1) PLACE OF BIRTH

County of Darlington
 Township of High Hill
 or
 Inc. Town of.....
 or
 City of.....
 (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

File No.—For State Registrar Only

14538

Registration District No. 150.3 Registered No. 18
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth first (6) Are Parents Married? yes (7) DATE OF BIRTH May 2, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edward Johnson(9) PRESENT POSTOFFICE OF FATHER Lourence, S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 32
 (Years)(12) BIRTHPLACE Lourence Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Gladye Hart(15) PRESENT POSTOFFICE OF MOTHER Lourence, S.C.(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 23
 (Years)(18) BIRTHPLACE Darlington Co.(19) OCCUPATION domestic(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 10:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. K. Rhodes(24) State whether Physician or Midwife md.

(25) Address of Physician or Midwife

Given name added from a supplement-
 tal report

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

(27) Filed May 15, 1922 (28) F. S. Howell
 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.