

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFile No.—For State Registrar Only  
20445

## (1) PLACE OF BIRTH

County of HorryTownship of King

OR

Inc. Town of .....

OR

City of .....

Registration District No. 4302Registered No. 10  
(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.)(2) Full Name of Child Hazel Johnson

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE OF BIRTH June 24 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Shed R. Johnson(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 45  
(Years)(12) BIRTHPLACE Wilmington(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Scott(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37  
(Years)(18) BIRTHPLACE Wilmington(19) OCCUPATION Housekeeper(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 Alive at 1 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Roxa Wilson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness S. R. Johnson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 28 1922 (28) R. B. Johnson  
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.

WHILE FURNISHING WITH UNPAID INC.—THIS IS A PERMANENT RECORD.  
N. B.—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

MEDICAL DEPARTMENT, COLUMBIA, S. C.