

(1) PLACE OF BIRTH

County of GreenvilleTownship of Hammeror
Inc. Town ofor
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

4346

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Carver Johnson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Male (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 14, 1924
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank Johnson(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Francis Bonds(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. L. Richards(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed (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.