

(1) PLACE OF BIRTH

County of Tichland

Township of

or
Inc. Town of Columbia S.C.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

16460

Registration District No. 38Registered No. 1374

(For use of Local Registrar)

(No. Colonial Heights St.; Ward)(2) Full Name of Child unnamed

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

May 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Johnson(9) PRESENT POSTOFFICE OF FATHER R. F. O. 3 box 31(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Lexington, S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Lattie Wages(15) PRESENT POSTOFFICE OF MOTHER R. F. O. 3 box 31(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Lexington, S.C.(19) OCCUPATION Housekeeper(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 5:30 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charney C. Carr

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 312 E. 4th St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 5/25/22

1922

(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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RECEIVED OF COLUMBIA, S. C.

MCA