

FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Richland
 Township of
 or
 Inc. Town of
 or
 City of Cole
 (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

19916

Registration District No. 389 Registered No. 118
 (For use of Local Registrar)
 (No. 805 Greenwood St.; Ward)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(3) BOY OR GIRL? Girl (4) Twin or Triplet? 1
 To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 9, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Edward Johnson

(9) PRESENT POSTOFFICE OF FATHER Cole S.C.

(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 28
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Transfer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ruby Mae Williams

(15) PRESENT POSTOFFICE OF MOTHER Cole S.C.

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 22
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:10 P. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician 1533 Greenwood St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 6-20-22 (28) [Signature] 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.