

(1) PLACE OF BIRTH

County of FairfieldTownship of H. 1or
Inc. Town of Blairs, S.C.or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

18481

Registration District No. 1900 Registered No. 34
(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 Mayola Johnson If child is not yet named, make supplemental report as directed3) BOY OR GIRL? girl 4) Twin or Triplet? No (5) Number in order of birth Yes (6) Are Parents Married? Yes (7) DATE OF BIRTH June 21 1922
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Jim Johnson9) PRESENT POSTOFFICE OF FATHER Blairs, S.C.10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 28 (Years)12) BIRTHPLACE Fairfield, Co.13) OCCUPATION Laborer20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Erlene Young(15) PRESENT POSTOFFICE OF MOTHER Blairs, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Fairfield, Co.(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 at 8.9 A.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sylvia Washington (25) Address of Physician or Midwife Blairs, S.C.(24) State whether Midwife

Given name added from a supplemental report

(26) Witness P. D. Jenkins
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed July 6 1922 (28) Mrs. C. W. Fausette
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.