

(1) PLACE OF BIRTH

County of SaludaTownship of 5or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie J. Johnson

File No.—For State Registrar Only

16600

Registration District No. 3904 Registered No. 30
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 11, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Kreston Johnson(9) PRESENT POSTOFFICE OF FATHER Chappells(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Sophie Butler(15) PRESENT POSTOFFICE OF MOTHER Chappells(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) George A. Johnson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Saluda SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 20, 1922 (28) D. J. Lester
Local RegistrarWhen 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.