

## (1) PLACE OF BIRTH

County of Lexington  
 Township of Hollow Creek

or  
 Inc. Town of .....

City of ..... (No. .... St.; ..... Ward)  
 (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

23052

## (2) Full Name of Child.....

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH May 21 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Cephas Johnson(9) PRESENT POSTOFFICE OF FATHER Lexington S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 29  
 (Years)

(12) BIRTHPLACE Lexington County(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Rose Belle Thompson(15) PRESENT POSTOFFICE OF MOTHER Lexington S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28  
 (Years)

(18) BIRTHPLACE Lexington Co.(19) OCCUPATION Housekeeping(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 PM  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. L. G. G. G.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness J. H. G. G.  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug 14 1922 (28) J. H. G. G. 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.

before the fifth month of pregnancy.

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

McCaw, of Columbia.