

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and MARK the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenville</u>		STATE OF SOUTH CAROLINA		22376	
Township of <u>Greenville</u>		Bureau of Vital Statistics		Registered No. <u>236</u>	
or Inc. Town of .....		State Board of Health		(For use of Local Registrar)	
City of .....		Registration District No. <u>2209A</u>		Registered No. <u>236</u>	
(If birth occurs in a hospital or other institution give name of same instead of street and number.)		(No. <u>St Johns St</u> )		St.; ..... Ward)	
(2) Full Name of Child <u>Charles Johnson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 1 1922</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Home Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Alice Adelaide Cherry</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville SC St Johns St</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Year)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)		
(12) BIRTHPLACE <u>Oconee Co SC</u>			(18) BIRTHPLACE <u>Honeygrove Co SC</u>		
(13) OCCUPATION <u>Sheet Metal Worker</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>122</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Charles P. Brown</u>			(25) Address of Physician or Midwife		
(24) State whether Physician or Midwife <u>Midwife</u>			R. F. D. No. <u>3</u> GREENVILLE, S. C.		
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(27) Filed <u>Aug 9 1922</u> (28) <u>A. J. Mackey</u> 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.					