

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19315

Registration District No. 2002

Registered No. 78
(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 James Wyatt Johnson

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE OF BIRTH June 18 22
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Johnson(9) PRESENT POSTOFFICE OF FATHER Living St.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Living St.(13) OCCUPATION Living(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Mary McDonald(15) PRESENT POSTOFFICE OF MOTHER Living St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Living St.(19) OCCUPATION House work(20) 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 at Living St. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maria Anderson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Living St.

Given name added from a supplemental report

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

(27) Filed 7/8 19 22(28) J. A. McIntosh
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.