

(1) PLACE OF BIRTH.

County of *Spartanburg*

Township of

or

Inc. Town of

or

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Feb. 16, 1922*
(Name of Month) (Day) (Year)(8) FULL NAME *Joe Johnson*(9) PRESENT POSTOFFICE OF FATHER *Lexington, SC*(10) COLOR OR RACE *Negro*(11) AGE AT LAST BIRTHDAY *31*
(Years)(12) BIRTHPLACE *Tex. Co*(13) OCCUPATION *Labour*(14) NAME BEFORE MARRIAGE *Rose Kelly*(15) PRESENT POSTOFFICE OF MOTHER *Lexington, SC*(16) COLOR OR RACE *Negro*(17) AGE AT LAST BIRTHDAY *28*
(Years)(18) BIRTHPLACE *Tex. Co*(19) OCCUPATION *Domestic*(20) Number of children born to mother, including present birth *2*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10 A. M.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *J. N. Mathews*

(24) State of South Carolina, Physician or Midwife

(25) Address of Physician or Midwife *Lexington, SC*

Given name added from a supplemental report

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

(27) Filed *Apr 21, 1922*(28) Local Registrar *C. E. Taylor*

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.

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