

(1) PLACE OF BIRTH

County of Lancaster S.C.Township of Jill CreekOF
Inc. Town ofOF
City of

(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

Registration District No. 2804

File No. — For State Registrar Only

43202

Registered No. 238
(For use of Local Registrar)(2) Full Name of Child Ammy May Johnson

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Dec 15</u> 19 <u>22</u> (Name of Month) (Day) (Year)
--------------------------------	---	------------------------------	---------------------------------------	---

FATHER.

(8) FULL NAME Prailor Johnson(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Lancaster S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Maime Gillman(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Lancaster S.C.(19) OCCUPATION farmer(21) 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 a live at 7:15 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannah Crawford(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lancaster S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12-16 1922 (28) G. J. Thompson
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.