

(1) PLACE OF BIRTH

County of

Richland

Township of

Inc. Town of

City of

Columbia S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36184

Registration District No.

35

Registered No.

1796

(For use of Local Registrar)

(No. 1003 Hardin St.)

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

Fannie Glaze Johnson

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

X

(5) Number in order of birth

X

(6) Are Parents Married?

Yes

(7) DATE BIRTH

Oct 9

1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Clarence Johnson

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

20

(Years)

(12) BIRTHPLACE

Augusta Ga

(13) OCCUPATION

Cook

## MOTHER.

(14) NAME BEFORE MARRIAGE

Fannie Harrison

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Richland County

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

One

(21) Number of children of this mother now living, including present birth

One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, whether alive or stillborn, at 1035 9 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

M.D.

(24) State whether Physician or Midwife

Columbia S.C.

Given name added from a supplemental report

(26) Witness

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

E. C. Gager

(27) Filed

11-23-1922

(28) A

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.

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