

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. H.—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
County of
Township of
OR
Inc. Town of
OR
City of Columbia (No. 804 Calhoun 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 Richard Calhoun Johnson (If child is not yet named, make supplemental report as directed)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For Sta's Registrar Only
36186

Registration District No. 354 Registered No. 1,724
(For use of Local Registrar)
(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Parents Married? Yes (7) DATE OF BIRTH Oct 5 1922
(Name of Month) (Day) (Year)
FATHER.
(8) FULL NAME Robert Johnson
(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Life Liberty Insurance Co.
(20) Number of children born to mother, including present birth 10
MOTHER.
(14) NAME BEFORE MARRIAGE Addie Floyer
(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:58 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) J. B. LaBorde
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 11-23-1922 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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