

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Dance  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only

31764

Registration District No 3618Registered No. 48  
(For use of Local Registrar)

City of ..... (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 Carrie Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 23, 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jug Johnies(9) PRESENT POSTOFFICE OF FATHER Darler(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25  
(Years)(12) BIRTHPLACE S C(13) OCCUPATION Farmer S(20) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Johnies(15) PRESENT POSTOFFICE OF MOTHER Darler S C(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23  
(Years)(18) BIRTHPLACE S C(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah William(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dance S C

Given name added from a supplemental report

(26) Witness W. C. Dantley  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 3, 1922 (28) W. C. Dantley  
Registrar 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.