

(1) PLACE OF BIRTH

County of Greenville
 Township of Paris Mt.
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only
30556

Registration District No. 2214

Registered No. 40
 (For use of Local Registrar)

(2) Full Name of Child Alberte

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 No (6) Are Parents Married No (7) DATE OF BIRTH Sept 11 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harold Johnson
 (9) PRESENT POSTOFFICE OF FATHER Don't know
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 18
 (Years)
 (12) BIRTHPLACE Pickens
 (13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Willie Turner
 (15) PRESENT POSTOFFICE OF MOTHER Greenville R.I.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 14
 (Years)
 (18) BIRTHPLACE Greenville
 (19) OCCUPATION House & farm work

(20) Number of children born to mother, including present birth 1
 (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 Alive on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. J. Grodgett M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Travelers Rest S.C.

Given name added from a supplemental report

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

(27) Filed Oct 9 1922 (28) John B. Hester
 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.