

Form No. 1

(1) PLACE OF BIRTH

County of Aiken
 Township of Rocky Grown
 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

40608

Registration District No. 209... Registered No. 59...
 (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 Egatha Johnson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/> <u>Te to be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 1, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Charlie Johnson
 (9) PRESENT POSTOFFICE OF FATHER Salley, S.C.
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 35
 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Lenor Morgan
 (15) PRESENT POSTOFFICE OF MOTHER Salley S.C.
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 37
 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Home wife
 (20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella S. Staley
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Springfield, S.C.

Give name added from a supplemental report
11/2/24

(26) Witness: Chas. H. Salley
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 12/5 1922 (28) Chas. H. Salley
 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.