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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 4194

(1) PLACE OF BIRTH

County of Georgetown

Township of [illegible]

or

Inc. Town of .....

or

City of Georgetown (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2 [illegible] Registered No. 13 (For use of Local Registrar)

(2) Full Name of Child Jack Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 9 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Bert Johnson	(14) NAME BEFORE MARRIAGE	Susan Myers
(9) PRESENT POSTOFFICE OF FATHER	Georgetown	(15) PRESENT POSTOFFICE OF MOTHER	Georgetown S.C.
(10) COLOR OR RACE	Negro (11) AGE AT LAST BIRTHDAY 42 (Years)	(16) COLOR OR RACE	Negro (17) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Fisherman	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	7	(21) Number of children of this mother now living, including present birth	7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Orella Rice

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Feb 1922 (28) Mrs. R. T. King 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.

Heads of Columns, Columns 1 & 2