

Form No. 1

(1) PLACE OF BIRTH

County of Jasper
 Township of Rockledge
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15377

Registration District No. 2601 Registered No. 36
 (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 Walter Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 8 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edgar Johnson(9) PRESENT POSTOFFICE OF FATHER Garrisonville SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28
 (Years)(12) BIRTHPLACE Garrisonville SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Heboach(15) PRESENT POSTOFFICE OF MOTHER Garrisonville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22
 (Years)(18) BIRTHPLACE Hampton B(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alice at 10 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca Trappier
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Garrisonville SC

Given name added from a supplemental report

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

(27) Filed 5/13 1922 (28) R. H. Roberts
 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.

MARGIN RESERVED FOR BINDING.
 WRITED 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.

MACAM OF COLUMBIA, COLUMBIA, S. C.