

## (1) PLACE OF BIRTH

County of *Darlington*Township of *Holly Hill*Inc. Town of *Holly Hill*City of *Holly Hill*

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *3609*

File No.—For State Registrar Only

31670

Registered No. *124*  
(For use of Local Registrar)(2) Full Name of Child *Bessie Johnson*

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Girl*(4) Twin or Triplet? *Twins*(5) Number in order of birth *2*(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept. 16, 1922*  
(Sample Month) (Day) (Year)

## FATHER

(8) FULL NAME *James Johnson*(9) PRESENT POSTOFFICE OF FATHER *Holly Hill S.C.*(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *34*  
(Year)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Dry Laborer*(14) Number of children born to mother, including present birth *9*

## MOTHER

(15) NAME BEFORE MARRIAGE *Annie Brooks*(16) PRESENT POSTOFFICE OF MOTHER *Holly Hill S.C.*(17) COLOR OR RACE *Negro* (18) AGE AT LAST BIRTHDAY *30*  
(Year)(19) BIRTHPLACE *S.C.*(20) OCCUPATION *Dry Laborer*(21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *10:30 P.M.*  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Margaret McNeel*(24) State whether *Physician or Midwife* (25) Address of Physician or Midwife *Holly Hill S.C.*

Given name added from a supplemental report

(26) Witness *W. H. Lee*

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

(27) Filed *Sept. 25, 1922*(28) *W. H. Lee* 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.