

(1) PLACE OF BIRTH

County of LanternTownship of Jacksor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12.—For State Registrar Only

44034

Registration District No 29A.3 Registered No. 5
(For use of Local Registrar)

(No. St. Ward)

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

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

(2) SEX OF CHILD <u>girl</u>	(3) Type of Birth <u>Normal</u>	(4) Number in order of birth <u>1</u>	(5) Age of Parent <u>25</u>	(6) DATE OF BIRTH (Name of month) (Day) (Year) <u>Dec 25 1923</u>
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FATHER.

(8) FULL NAME Abner Johnson(9) PRESENT PLACE OF FATHER Peru SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 40(12) BIRTHPLACE Pine Bluff SC(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 10

MOTHER.

(15) NAME BEFORE MARRIAGE Lattie Longue(16) PRESENT PLACE OF MOTHER Peru SC(17) COLOR OR RACE Colored (18) AGE AT LAST BIRTHDAY 37(19) BIRTHPLACE Bell Place SC(20) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) midwife

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of witness necessary only when question 25 is signed by mark)

(27) Filed Jan 17 1924

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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