

(1) PLACE OF BIRTH

County of Lancaster
 Township of Lancaster
 or
 Inc. Town of Lancaster
 or
 City of Lancaster

CERTIFICATE OF BIRTH

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

FILE - For this registration
41175

Registration District No. 78ARegistered No. 99
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child

Johnson

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

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age of child at birth 1 w (7) DATE OF BIRTH Dec 18 1931
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oliver Robinson(9) PRESENT POSTOFFICE OF FATHER Lancaster, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Year)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Seaman Barr Cotton M.I.(14) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Nicholson(15) PRESENT POSTOFFICE OF MOTHER Lancaster, S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Year)(18) BIRTHPLACE Lancaster, S.C.(19) OCCUPATION Laundress(21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn.) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lancaster, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Date Jan 5 1932(28) [Signature] 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.

U. S. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 14
 State of California, California, S.C.