

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

File No. For State Register Day

32023

Registration District No. 9ARegistered by [Signature]

(For Use of Local Registrar)

(No. Robert Sam Johnson St. [Blank] Ward [Blank])(2) Full Name of Child Frances Sam Johnson

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

(3) SEX OF CHILD Girl (4) Type of Delivery Normal (5) Number or order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH 24 (Name of Month) (Day) (Year) 1923

FATHER

(8) FULL NAME Carl Francis Myers(9) PRESENT POSTOFFICE OF FATHER Charleston(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Charleston(13) OCCUPATION Professor(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Sam Johnson(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)(18) BIRTHPLACE Sumner, Kentucky(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive 1240 M. 6 P.M. on the date above stated. (Hour alive or stillborn) (Hour A. M. or P. M.) or P. M.)(22) (Signature) [Signature](23) State whether Physician or Midwife (24) Address of Physician or Midwife [Blank]

Given name added from a supplemental report

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Registrar

(25) Witness

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

(26) Filed 11/23/24

(27)

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.