

Form No. 1

## (1) PLACE OF BIRTH

County of Fairfield.....Township of 13.....(or)  
Inc. Town of.....(or)  
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 Clarence Johnson Jr.No. for State Registrar Only  
**28227**Registration District No. 1912... Registered No. 18.....  
(For use of Local Registrar)(3) BOY OR GIRL X (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Sept. 10, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clarence Johnson.(9) PRESENT POSTOFFICE OF FATHER Spartanburg S. C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Dawkins S. C.(13) OCCUPATION Public work.(20) Number of children born to mother, including present birth 1 9

## MOTHER.

(14) NAME BEFORE MARRIAGE Ella Hopkins(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 44 (Years)(18) BIRTHPLACE Newberry S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Nancy Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clawson

(Given name added from a supplemental report)

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

(27) Filed Oct. 1923 (28) W. B. D. H. H. 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.