

MARGIN RESERVED FOR INDEXING.  
 WRITE PLAINLY. WITH UNFAMING INITIALS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 1a.—For each Register City  
**30771**

(1) PLACE OF BIRTH  
 County of Cherokee  
 Township of Wainwright  
 Inc. Town of.....  
 City of.....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 215 Registered No. 49  
 (For use of Local Registrar)

(2) Full Name of Child Edward Martin Johnson  
 (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex of mother	(7) DATE OF BIRTH <u>Oct 4</u> 19 <u>23</u> (Name of Month) (Day) (Year)
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<b>FATHER.</b> (8) FULL NAME <u>Levin Martin Johnson</u> (9) PRESENT RESIDENCE OF FATHER <u>Wainwright S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>29</u> (Years) (12) BIRTHPLACE <u>Cherokee S.C.</u> (13) OCCUPATION <u>Farmer</u>		<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Carrie Martin Johnson</u> (15) PRESENT RESIDENCE OF MOTHER <u>Wainwright S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) (18) BIRTHPLACE <u>Lexington S.C.</u> (19) OCCUPATION <u>Housewife</u>	
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(20) Number of children born to mother, including present birth 7  
 (21) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P. M., on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Francis J. [Signature]  
 (24) State whether Physician or Midwife  
 (25) Address of Physician or Midwife

Given name added upon a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)  
[Signature]  
 (27) Filed Oct. 24, 1923 (28) [Signature] Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child was born stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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