

No. 1

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *Edisto*

or

Inc. Town of *North*

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43964

Registration District No. *3604*Registered No. *112*

(For use of Local Registrar)

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 *Infant Not Named 1 of Triplets*

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

(3) BOY OR GIRL

2 Boys 1 Girl

(4) Twin or Triplet

Triplets

(5) Number in order of birth

111

(6) Are Parents married?

Yes

(7) DATE OF BIRTH

Dec 15 1927

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Johnson

(9) PRESENT POSTOFFICE OF FATHER

North O.C. Orangeburg Co

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

42

(Years)

(12) BIRTHPLACE

Orangeburg Co

(13) OCCUPATION

Transfer Business

MOTHER.

(14) NAME BEFORE MARRIAGE

Sally Witt

(15) PRESENT POSTOFFICE OF MOTHER

North O.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

Orangeburg Co

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

112

(21) Number of children of this mother now living, including present birth

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... *Alive* ...at *7 P.M.* on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Ms Susana J. Harley Midwife

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

North O.C.

Given name added from a supplemental report

(26) Witness

Thomas A. Jones M.D.

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

(27) Filed

Dec 20 1927

(28)

F. A. [Signature]

Local Registrar.

*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.