

(1) PLACE OF BIRTH

County of Horry
Township of
OF
Inc. Town of
OF
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4233

Registration District No. 2185

Registered No. 14
(For use of Local Registrar)

(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 Julian P. Johnson

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

(3) BOY OR GIRL

(4) Twin
as-septuplet

(5) Number in
order of birth

(6) Are
Parents
Married?

(7) DATE OF

BIRTH
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

(11) AGE AT LAST
BIRTHDAY

(Years)

MOTHER.

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemen-
tal report)

James F. Carey
May 16 1933
It is certified that

(26) Witness

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

(27) Filed

1426

1933

(28)

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.

before the fifth month of pregnancy.