

(1) PLACE OF BIRTH

County of Aiken
 Township of Deepwater
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12634

Registration District No 24.2 Registered No. 3
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL boy
 4) Twin or Triplet? No
 5) Number in order of birth 1
 To be answered only in event of Twin or Triplet

6) Are Parents Married? yes
 7) DATE OF BIRTH 2 20 1923
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME John Johnson

9) PRESENT POSTOFFICE OF FATHER Deepwater

10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 42
 (Years)

12) BIRTHPLACE Aiken Co

13) OCCUPATION farmer

14) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Pinkey Perry

15) PRESENT POSTOFFICE OF MOTHER Alathea S L

16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 30
 (Years)

18) BIRTHPLACE Aiken Co

19) OCCUPATION housewife

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 M. on the date above stated. (Name of Child) (Hour of Day) (M. or P.M.)

(23) Signature of Physician or Midwife [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Deepwater

Given name added from a supplement

(26) WITNESSES

(27) Filed 4/19 1923 S T Owens

QUESTIONS NO 1 THE OTHER, No 2, etc., in question 5