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**28280**

City of . . .

(For use of Local Registrar)

(No. .... Date .....

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

(2) Full Name of Child Johnathan Lee

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

(1) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	To be answered only in event of Twin or Triplet	1	Yes	1/1/53

FATHER: Donald A. Wilson MOTHER: Jennie D. Wilson

(5) PRESENT POSTOFFICE OF FATHER Timmermiller

(16) PRESENT POSTOFFICE OF MOTHER Timmermiller

(16) COLOR ON FACE *Black* (17) AGE AT LAST BIRTHDAY *45*

(16) BIRTHPLACE *Cardenas de S C*

(1b) OCCUPATION Drummer

(26) Number of children born to mother, including present birth 1/02 (27) Number of children of this mother now living, including present birth 1/02

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(25) (Signature) John V. White

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(20) Witness .....

(Signature of Witness necessary only when question 19 is signed by mark)

When Question 12 is signed by Mr. [redacted] 9:00

(27) Filed 3-24-10 10:19 (28) .....

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.

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If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

...and the ...