

(1) PLACE OF BIRTH

County of AikenTownship of Deeply Hollow

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12630

Registration District No. 22.2Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child

Garret Johnson

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 20 1923

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

John L Johnson

(9) PRESENT POSTOFFICE OF FATHER

Talutha

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

42 (Years)

(12) BIRTHPLACE

Aiken Co

(13) OCCUPATION

Farmer

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Pinky Berry

(15) PRESENT POSTOFFICE OF MOTHER

Talutha

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

20 (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 alive at 8 A.M., on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. H. Widner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwifeTalutha

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 4/14 1923

(28)

S. J. Owens
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.