

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Compbe
 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
19114

Registration District No. 40-6 Registered No. 81.....
 (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 Harold S. Johnson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME B. L. Johnson
 (9) PRESENT POSTOFFICE OF FATHER Harmon S. R. 3
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Lumber

MOTHER.
 (14) NAME BEFORE MARRIAGE Marie Pock
 (15) PRESENT POSTOFFICE OF MOTHER Harmon S. R. 3
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Year)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Signative of Stillborn Hear M. or P. M.)

(23) (Signature) Joseph Gibson MD (24) State whether Physician or Midwife (25) Address of Physician or Midwife Harmon S. R. 3

Give name added from a supplemental report

James Harvey
Sept 18 1923
 Registrar

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

(27) Filed June 34 1923 (28) Ed. Rogers 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.

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