

# || (1) PLACE OF BIRTH

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County of Wheatfield  
 Township of Sturges  
 or Sturges  
 Inc. Town of Sturges  
 or Sturges  
 City of Middendorf, P.O.

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

# CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

File No. — For State Registrar Only  
3457

Registration District No. 1207 Registered No. 3  
 (For use of Local Registrar)

## (2) Full Name of Child Calhoun Johnson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet One (5) Number in order of birth One (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27, 1923  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

### FATHER.

(8) FULL NAME Calhoun Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Middendorf S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
 (12) BIRTHPLACE Wheatfield Co. S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 2

### MOTHER.

(14) NAME BEFORE MARRIAGE Annie Heier  
 (15) PRESENT POSTOFFICE OF MOTHER Middendorf S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23  
 (18) BIRTHPLACE Darlington Co. S.C.  
 (19) OCCUPATION Farmer's Wife  
 (20) Number of children of this mother now living, including present birth 2

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Elizabeth Highland  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife Middendorf S.C.

Given name added from a supplemental report

(25) Witness Calhoun Johnson  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (26) Date Feb. 17, 1923 (27) Local Registrar D. J. Burt

\*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 be reported as stillborn. No report is desired of stillbirths occurring within month of pregnancy.