

Form No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of Florence  
Township of Eden  
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

1217

Registration District No. 4003 Registered No. 1  
(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 Chester Lee Johnson If child is not yet named, make supplemental report as directed

(3) ~~SEX~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 6, 1932  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oster Johnson  
(9) PRESENT POSTOFFICE OF FATHER Florence  
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE Medan  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 3 (One, Two, Three, etc.)

MOTHER.

(14) NAME BEFORE MARRIAGE Queen Harris  
(15) PRESENT POSTOFFICE OF MOTHER Florence  
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Medan  
(19) OCCUPATION Farming  
(21) Number of children of this mother now living, including present birth 2 (Two, Three, etc.)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Swinton  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 10, 1932 (28) M. J. McCaw Jr. 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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1547