

(1) PLACE OF BIRTH

County of *Adams*Township of *Schultz*

or

Inc. Town of

or

City of

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

(2) Full Name of Child

Neunak Johnson

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 8, 1917

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

Daniel Johnson

(9) PRESENT POSTOFFICE OF FATHER

Augusta Ga R 6

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

38
(Years)

(12) BIRTHPLACE

DC

(13) OCCUPATION

Farming

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

9

MOTHER

(14) NAME BEFORE MARRIAGE

Lucy Mims

(15) PRESENT POSTOFFICE OF MOTHER

Augusta Ga R 6

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

DC

(19) OCCUPATION

House

(21) Number of children of this mother now living, including present birth

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6 P.* M., on the date above stated. (Born *live* or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Julia Newsome

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Augusta Ga R 6

Given name added from a supplemental report

(26) Witness

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

(27) Filed

6-16-17

(28)

DR Medlock

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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17356

Registration District No. *213*Registered No. *24*

(For use of Local Registrar)