

1. PLACE OF BIRTH

County of Tradeboro

Township of _____

or _____

Inc. Town of Meyers P.O.

or _____

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

21384 ARegistration District No. 909 Registered No. _____

(For use of Local Registrar)

(No. Courtesy Club Magnolia Ave Ward)

2. FULL NAME OF CHILD

Gladys Juanita Johnson { If child is not yet named, make supplemental report as directed.3. BOY OR GIRL Girl

4. Twin or Triplet

5. Number or order of birth

6. Are Parents Married? yes

7. DATE OF BIRTH

July 29 1922
(Name of Month (Day) (Year))

To be answered only in event of Twins or Triplets

8. FULL NAME

James Preston Johnson

9. PRESENT POSTOFFICE OF FATHER

Meyers P.O. SC10. COLOR OR RACE W11. AGE AT LAST BIRTHDAY 24
(Years)12. BIRTHPLACE Chas SC13. OCCUPATION Conductor Elect Ry20. Number of children born to mother, including present birth { 3

MOTHER

14. NAME BEFORE MARRIAGE Therese C Zorn15. PRESENT POSTOFFICE OF MOTHER Meyers P.O.16. COLOR OR RACE W17. AGE AT LAST BIRTHDAY 21
(Years)18. BIRTHPLACE Barnwell SC19. OCCUPATION Wife21. Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Born alive at 6:10 P.M.
(Born alive or stillborn) (Hour A.M. or P.M.)
on the date above stated.23. Signature Dr. Donald Wilson24. State whether Physician or Midwife Physician25. Address of Physician or Midwife Chas SC

Given name added from a supplemental report

_____, 192____

Registrar

26. _____

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

27. Filed 9/171930

28. _____

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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