

## (1) PLACE OF BIRTH

County of Saluda  
 Township of Ward  
 Inc. Town of Ward  
 City of Ward

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

19023

Registration District No. 37Registered No. ....  
(For use of Local Registrar)

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

(2) Full Name of Child George Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 18 23  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME James Johnson(9) PRESENT POSTOFFICE OF FATHER Ward(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23  
(Years)(12) BIRTHPLACE Saluda(13) OCCUPATION R.R. Clerk(14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Hattie Byrd(15) PRESENT POSTOFFICE OF MOTHER Ward(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Saluda(19) OCCUPATION House 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 alive at 3:20 P. M.,  
 on the date above stated. (Sign all or stillborn Hour M. or P. M.)

(22) (Signature) D. S. Kistner

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Ward

Given name added from a supplemental report

L. A. R. esm  
attest 1/13/44  
 Registrar

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

(26) Filed June 8 1923 (27) F. W. Crouch 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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