

(1) PLACE OF BIRTH

County of **Darlington**Township of **Hartsville**

Inc. Town of

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 **Annie Lee Johnson**(3) BOY OR GIRL **Girl**

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married **Yes**(7) DATE OF BIRTH **Feb. 22/23**

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Milton Johnson**(9) PRESENT POSTOFFICE OF FATHER **Hartsville, S. C.**(10) COLOR OR RACE **B.** (11) AGE AT LAST BIRTHDAY **53** (Years)(12) BIRTHPLACE **S. C.**(13) OCCUPATION **Farming**(20) Number of children born to mother, including present birth **9**

MOTHER.

(14) NAME BEFORE MARRIAGE **Ella Jackson**(15) PRESENT POSTOFFICE OF MOTHER **Hartsville, S. C.**(16) COLOR OR RACE **B.** (17) AGE AT LAST BIRTHDAY **28** (Years)(18) BIRTHPLACE **S. C.**(19) OCCUPATION **House-wife.**(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 **alive** at **3:30 a.m.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Annie Coe**(24) State whether Physician or Midwife **Midwife**(25) Address of Physician or Midwife **Hartsville, S. C.**

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed **March 8 23** (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.

At a time between the 1st and 10th days before the 1st of May.