

Form No. 8

(1) PLACE OF BIRTH

County of Marion, S.C.Township of North

or

In. Town of _____

or

(My of _____ (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 Maybell Johnson

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

(3) SEX OF CHILD Girl(4) Twin or Triplet? No(5) Number of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH July 25, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME Lida Johnson(9) PRESENT POSTOFFICE OF FATHER Sellers S.C.(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Marion Co. S.C.(13) OCCUPATION Public work(14) NAME BEFORE MARRIAGE Hattie Halsey(15) PRESENT POSTOFFICE OF MOTHER Sellers S.C.(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 23

(Years)

(18) BIRTHPLACE Marion Co. S.C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth four(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lida Johnson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Sellers S.C.

Given name added from a supplemental report

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

(27) Filed Aug 1, 1923 (28) Chas. A. DeLoach Local Registrar.19____
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 28th month of pregnancy.