

WHETHER PLACENTARY, NUCHI OR AROUND THE NECK, THERE IS A PLACENTARY CORD, AND MARK THE
N. B.—In case of stillbirth, the child must be reported as such, and in question 2
FIRST-BORN, No. 1, THIS OTHER No. 2, etc. in question 2

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Charleston S.C. (No. 11 St. Johnston 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 Blairie Johnson

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

No

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 12, 1923

(Specify Month) (Day) (Year)

FATHER.

(8) FULL NAME

Arthur Johnson

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

Cord

(11) AGE AT LAST BIRTHDAY

29

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

labor

MOTHER.

(14) NAME BEFORE MARRIAGE

Ella Johnson

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

colored

(17) AGE AT LAST BIRTHDAY

35

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

house work

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Anna Johnson

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

218 Duval St.

Given names added from a supplemental report

(26) Witness

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

J. M. Green

(27) Filed

2/16, 1923

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.

(Date of)

Registrar

Filed

Cor. 9-9-23

SUP