

Form No. 3

## (1) PLACE OF BIRTH

County of Thence.....  
 Township of Thence.....  
 or  
 Inc. Town of Thence.....  
 or  
 City of Thence.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3820

Registration District No. 20-A Registered No. 90  
 (For use of Local Registrar)  
 (No. Thence Infirmary 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 Arnesta Debra Johnson (If child is not yet named, make supplemental report as directed)

3) SEX GIRL	4) Twin or Triplet To be answered only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) And Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Feb. 22, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Wade Hampton Johnson</u>			14) NAME BEFORE MARRIAGE <u>Mar. Ann Dugher</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Thence S.C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Thence S.C.</u>	
10) COLOR OR RACE <u>White</u>	11) AGE AT LAST BIRTHDAY <u>45</u> (Years)		16) COLOR OR RACE <u>White</u>	17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
12) BIRTHPLACE <u>Marion S.C.</u>			18) BIRTHPLACE <u>Saluda S.C.</u>	
13) OCCUPATION <u>Printer</u>			19) OCCUPATION <u>Domestic</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:40 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife

Give name added from a supplement-  
tal report

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Mar. 6, 1923 (28) P. H. Hughes  
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report.  
 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.