

(1) PLACE OF BIRTH

County of *Anderson*Township of *Piedmont*

or Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. *10* - For State Registrar
19852Registration District No. *310*Registered No. *10*
(For use of Local Registrar)(No. *310* St. *10* Ward *10*)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child *Amie R. McJohn* (If child is not yet named, make supplemental report as directed)2. SEX *Girl* 3. Type or Trade *None* 4. Number in order of birth *1* 5. Age *1* 6. DATE OF BIRTH *6 21 23*
(Name of Month) (Day) (Year)FATHER: 7. FULL NAME *Will J. McJohn* 8. PRESENT POSTOFFICE OF FATHER *Anderson SC 23* 9. COLOR OR RACE *White* 10. AGE AT LAST BIRTHDAY *37* 11. BIRTHPLACE *And Co. S.C.* 12. OCCUPATION *Farming*MOTHER: 13. NAME BEFORE MARRIAGE *Hattie V. Martin* 14. PRESENT POSTOFFICE OF MOTHER *Anderson SC 23* 15. COLOR OR RACE *White* 16. AGE AT LAST BIRTHDAY *35* 17. BIRTHPLACE *And Co. S.C.* 18. OCCUPATION *Housewife*19. Number of children born to mother, including present birth *7* 20. Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Amie R. McJohn* on the date above stated. (Day *21* Month *June* Year *1923*) (Hour A. M. or P. M. *4 P.M.*)(23) (Signature) *C. C. Martin* (24) State whether Physician or Midwife *Physician* Address *Anderson SC*

Given name added from a supplemental report

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

(26) Signed *Aug 1 1923* (27) *N. H. Sawright* 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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