

Form No. 1

1. PLACE OF BIRTH

County of UnionTownship of Forsvilleor
In Town of _____

City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

FILE No.—For State Registrar

44830

Registration District No. 4204 Registered No. 52
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

2. Full Name of Child Maud Johnson

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

1. SEX OR
CHILD?Female4. Twin or
Triplet?NoNumber in order
of birth

To be answered only in event of Twins or Triplets

6. Are
Parents
Married?Yes

7. DATE OF BIRTH

(Time of Month) (Day) (Year)
June 10 1925

FATHER

8. FULL
NAMERoland Johnson9. PRESENT
POSTOFFICE
OF FATHERForsville10. COLOR
OR
RACEBlk11. AGE AT LAST
BIRTHDAY47 (Years)

12. BIRTHPLACE

Union Co. S.C.

13. OCCUPATION

Farmer20. Number of children born to
mother, including present birth11

MOTHER

14. NAME BEFORE
MARRIAGEMaggie Hughes15. PRESENT
POSTOFFICE OF
MOTHERForsville S.C.16. COLOR
OR
RACEBlk17. AGE AT LAST
BIRTHDAY47 (Years)

18. BIRTHPLACE

Union Co.

19. OCCUPATION

Domestic21. Number of children of this mother
now living, including present birth7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was Union (Born alive or stillborn) (Hour A. M. or P. M.) M
on the date above stated.23. Signature Mary Hargis Midwife

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

(Signature of Witness necessary only
when question 23 is signed by mark)27. Filed July 11 1925Mrs. H. H. Ware

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.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS, use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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