

(1) PLACE OF BIRTH

(1) PLACE OF BIRTH

County of *Horry*Township of *Paulsboro*

or

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

11613

Registered No. *33*

(For use of Local Registrar)

Registration District No. *7509*St. *33* Ward(No. *33*) (instead of street and number.)

(if birth occurs in a hospital or other institution, give name of same) (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child *Laura Richardson Pharoah*

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>Feb 20 1922</i> (Name of Month) (Day) (Year)
-----------------------------	----------------------	------------------------------	-------------------------------------	--

FATHER.

(8) FULL NAME *Richard John Johnson*(9) PRESENT POSTOFFICE OF FATHER *Louis SC.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *250* (Years)(12) BIRTHPLACE *Horry County SC.*(13) OCCUPATION *Farming*(20) Number of children born to mother, including present birth *Eight*

MOTHER.

(14) NAME BEFORE MARRIAGE *Maggie Duncan*(15) PRESENT POSTOFFICE OF MOTHER *Louis SC.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *39* (Years)(18) BIRTHPLACE *Columbus Co. N.C.*(19) OCCUPATION *Housewife*(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 *born alive* at *2:15 P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *D. D. Pharoah*(24) State where Physician or Midwife *Pharoah* (25) Address of Physician or Midwife *Louis SC.*

Given name added from a supplemental report

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

(27) Filed *May 12 1922* (28) *Harriet H. H. H.* 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.