

## (1) PLACE OF BIRTH

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County of *Horry*Township of *Paulsboro*

or

Inc. Town of

or

City of

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

(2) Full Name of Child *Laura Richardson Johnson* (No. *7509* Registered No. *33* (For use of Local Registrar))(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Feb 20 1932* (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <i>Richard John Howell Johnson</i>	(14) NAME BEFORE MARRIAGE <i>Maggie Sullivan</i>	(15) PRESENT POSTOFFICE OF FATHER <i>Louis, S.C.</i>	(17) AGE AT LAST BIRTHDAY <i>39</i> (Year)
(9) PRESENT POSTOFFICE OF FATHER <i>Louis, S.C.</i>	(16) COLOR OR RACE <i>white</i>	(18) BIRTHPLACE <i>Columbus Co. N.C.</i>	(19) OCCUPATION <i>Housewife</i>
(10) COLOR OR RACE <i>white</i>	(11) AGE AT LAST BIRTHDAY <i>50</i> (Year)	(20) Number of children born to mother, including present birth <i>Eight</i>	(21) Number of children of this mother now living, including present birth <i>Five</i>
(12) BIRTHPLACE <i>Horry County, S.C.</i>			
(13) OCCUPATION <i>Farmer</i>			

## 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. J. Thomas*(24) State where Physician or Midwife *Phymeran*(25) Address of Physician or Midwife *Louis, S.C.*

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 1932*(28) Local Registrar *Harriet Standish*

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