

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Chesterfield, S.C. STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Charon, S.C. State Board of Health

File No.—For State Registrar Only

17130

City of (No.) Registered No.
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)
 Ward

2) Full Name of Child Maxey Lee Johnson, Jr. If child is not yet named, make supplemental report as directed

BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 14, 1923
 (Name of Month) (Day) (Year)

FATHER

FULL NAME M. D. Johnson
 PRESENT POSTOFFICE OF FATHER Charon, S.C.
 COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)
 BIRTHPLACE Chesterfield Co., S.C.
 OCCUPATION Post-office Clerk

MOTHER

(14) NAME BEFORE MARRIAGE Helene Campbell
 (15) PRESENT POSTOFFICE OF MOTHER Charon, S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE Chesterfield Co., S.C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. S. Johnson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Charon, S.C.

Full name added from a supplemental report

(26) Witness (Signature of Witness) W. L. L. L.
 (When question 23 is signed by father)

(27) Filed June 20, 1923 (28) Walter D. Raul Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If it 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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