

Form No. 1

(1) PLACE OF BIRTH

County of CharlestonTownship of Charleston

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

41358

Registration District No. 901Registered No. 107
(For use of Local Registrar)

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

(2) Full Name of Child Arthur Johnson {If child is not yet named, make supplemental report as directed}(3) 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 Dec 13 1922
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Thomas Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Louisa Bennett</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Mt Pleasant S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Mt Pleasant S.C.</u>
(16) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>38</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>
(12) BIRTHPLACE <u>S.C.</u>	(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(13) OCCUPATION <u>House wife</u>
(25) Number of children born to mother, including present birth <u>Seven</u>	(25) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) Philip Jenkins

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Mt Pleasant

Given name added from a supplemental report

(26) Witness

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

(27) Date Dec 16 1922(28) Local Registrar Tracy Auld

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the third month of pregnancy.

MARGIN RESERVED FOR BINDING.

WHITE 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.