

(1) PLACE OF BIRTH

County of RichlandTownship of Cata

Inc. 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 Only

31934

Registration District No. 38 Registered No. 1726

(For use of Local Registrar)

2) Full Name of Child Robert Kelley Johnson

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X

(5) Number in order of birth

Is to be entered only in case of twins or triplets

(6) Are Parents Married? no(7) DATE OF BIRTH Sept 26

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Julie Kelley(9) PRESENT POSTOFFICE OF FATHER Rt 4 Cata St(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Richland County(13) OCCUPATION Public works(20) Number of children born to mother, including present birth 13

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Johnson(15) PRESENT POSTOFFICE OF MOTHER Rt 4 Cata St(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 35 (Years)(18) BIRTHPLACE Weston St(19) OCCUPATION house work(21) Number of children of this mother now living, including present birth 13

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Rachel Wright

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Rt 4 Cata St

Given name added from a supplemental report

E. D. C. G. G. G. 101... Registrar(26) Witness Henry Hall

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 9-29 1913 (28) 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.

fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.