

## (1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor  
In Town of .....

or

City of ..... (No. .... St. .... Ward)  
(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

12920

Registration District No. 400 Registered No. 72

(For use of Local Registrar)

2) Full Name of Child Mellie Johnson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth  
to be answered only in case of twins or triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH 12 10 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sam Johnson(9) PRESENT POSTOFFICE OF FATHER Sumner, S.C.(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 115  
(Years)(12) BIRTHPLACE Spartanburg(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Edith Parker(15) PRESENT POSTOFFICE OF MOTHER Sumner, S.C.(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 36  
(Years)(18) BIRTHPLACE Spartanburg

(19) OCCUPATION

(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22) I hereby certify that I attended the birth of this child, who was ..... at .....  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Edith Parker(24) State whether Physician or Midwife (City Address of Physician or Midwife)  
Sumner, S.C.

Name added from a supplemental report

(26) Witness

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

(27) Filed 23

(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.

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