

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

Registration District No. 9 ANo. 3193Registered No. 278

(For use of Local Registrar)

St. 1 Ward 278(2) Full Name of Child Hensley Johnson

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

(1) SEX OF CHILD <u>Boy</u>	(4) Type or Triple <u>Yes</u>	(5) Number in order of birth <u>1st</u>	(6) Age of mother <u>yes</u>	(7) DATE OF BIRTH <u>Feb 1923</u>
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FATHER.

(1) FULL NAME Carroll Johnson(2) PRESENT RESIDENCE OF FATHER Charleston, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Laborer

MOTHER.

(10) NAME BEFORE MARRIAGE Waisey Haynes(12) PRESENT RESIDENCE OF MOTHER Charleston S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20(12) BIRTHPLACE Moncks Corner, S.C.(13) OCCUPATION Housewife

(14) Number of children born to mother, including present birth <u>Five</u>	(15) Number of children of this mother now living, including present birth <u>one</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was Alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(17) (Signature) Lucy Green(18) State whether Physician or Midwife Midwife (19) Address of Physician or Midwife 10 Judith St

Given name and date of a supplemental report

(20) Witness

(Signature of witness necessary only when question 18 is signed by male)

(21) Filed 7/2 at Moncks Corner, S.C.

Local Registrar

When taken by a physician or midwife, then the father, householder, etc., should make this return. If a child is born even late, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.