

(1) PLACE OF BIRTH

County of Albion
Township of Buff Pond
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 4-3

30832

Registered No. 5-9
(For use of Local Registrar)

(2) Full Name of Child Carol Johnson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type of Birth Normal (5) Number of Children of Mother 2 (6) DATE OF BIRTH Sept 28 (7) MONTH 3 (8) YEAR 1923

FATHER.
(9) FULL NAME George Johnson
(10) PRESENT RESIDENCE OF FATHER Albion Rd
(11) COLOR Colored (12) AGE AT LAST BIRTHDAY 27
(13) BIRTHPLACE Albion County, SC
(14) OCCUPATION farmer
(15) Number of children born to mother, including present birth Two

MOTHER.
(16) NAME BEFORE MARRIAGE Alice Houston
(17) PRESENT RESIDENCE OF MOTHER Albion Rd
(18) COLOR Colored (19) AGE AT LAST BIRTHDAY 21
(20) BIRTHPLACE Albion County, SC
(21) OCCUPATION farm laborer
(22) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(23) I hereby certify that I attended the birth of this child, who was Alive (born alive or stillborn) (Date A. M. or P. M.)
(24) (Signature) Mable F. Houston
(25) State whether Physician or Midwife midwife (26) Address of Physician or Midwife Albion, SC

Given name added from a supplemental report
(27) Witness J. H. Rouse
(28) Date Oct 23 1923 (29) Local Registrar J. E. Rouse

When born, the mother, father, or other person, should make this return. If a child is born stillborn, it must be reported as stillborn. No report is desired of stillbirths before the birth month of pregnancy.