

## (1) PLACE OF BIRTH

County of .....

Township of .....

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35598

Registration District No. 3405

Registered No. 137  
(For use of Local Registrar)

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

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

(2) Full Name of Child Arthur C. 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 Oct. 15 32  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mervin Johnson(9) PRESENT POSTOFFICE OF FATHER Waltham, S.C. R#1(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 30  
(Year)(12) BIRTHPLACE Marion Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Lane(15) PRESENT POSTOFFICE OF MOTHER Waltham, S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 20  
(Year)(18) BIRTHPLACE Marion Co(19) OCCUPATION Home maker(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Frank L. Martin M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Waltham S.C.

Given name added from a supplemental report

(26) Witness W. J. V. V. (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov. 4 1932 (28) W. J. V. V. Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.