

Form No. 1

## (1) PLACE OF BIRTH

County of Horry S.C.Township of North

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

428?

Registration District No. 270 Registered No. 3  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Anna May Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1-2-23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Charles Johnson(9) PRESENT POSTOFFICE OF FATHER Horry S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 15 (Years)(12) BIRTHPLACE Horry S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Carson(15) PRESENT POSTOFFICE OF MOTHER Horry S.C.(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 15 (Years)(18) BIRTHPLACE Horry S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at Horry S.C. on the date above stated. (Born alive or stillborn) (Hour & M. or P. M.)(23) (Signature) Mary Johnson (24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness L. R. Johnson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 23-10 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.

DO NOT WRITE IN THESE SPACES FOR RECORDING. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc. in question 1.

McCaw or Columbia, Columbia, S. C.