

Form No. 1

## (1) PLACE OF BIRTH

County of Albermarle  
 Township of Schultz  
 Inc. Town of .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**26889**

Registration District No. 213 Registered No. 40  
 (For use of Local Registrar)

(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 Maurice Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? Two (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 8 1923  
 (Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>Arthur Johnson</u>	(14) NAME BEFORE MARRIAGE	<u>Maurice Wooden</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Augusta Ga R 5</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Augusta Ga R 5</u>		
(10) COLOR OR RACE	<u>Blk</u>	(16) COLOR OR RACE	<u>Blk</u>		
(11) AGE AT LAST BIRTHDAY	<u>42</u>	(17) AGE AT LAST BIRTHDAY	<u>37</u>		
(12) BIRTHPLACE	<u>S C</u>	(18) BIRTHPLACE	<u>S C</u>		
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>House</u>		
(20) Number of children born to mother, including present birth	<u>12</u>	(21) Number of children of this mother now living, including present birth	<u>10</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charley Penickton  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R 6

(Given name added from a supplemental report)

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by male)  
 (27) Filed Sept 17 1923 (28) SK Meelock 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.