

(1) PLACE OF BIRTH

County of Lexington
Township of Cayce
or
Inc. Town of

CERTIFICATE OF BIRTH

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

No. 33033 - For State Registrar Only

Registration District No 310 Registered No. 118
(For use of Local Registrar)

City of Cayce (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 Class Evelyn Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Type or Triplet One (5) Number in order of birth Eight (6) Sex Female (7) DATE OF BIRTH Sept 11 1923
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME W. H. Johnson
(9) PRESENT POSTOFFICE OF FATHER Cayce SC
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 45 (Year)
(12) BIRTHPLACE SC
(13) OCCUPATION R.R. work
(14) Number of children born to mother, including present birth Eight

MOTHER.
(14) NAME BEFORE MARRIAGE May Ellis
(15) PRESENT POSTOFFICE OF MOTHER Cayce SC
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 46 (Year)
(18) BIRTHPLACE SC
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(22) (Signature) W. A. Dixon
(24) State whether Physician or Midwife (23) Address of Physician or Midwife

Give name added from a supplemental report

Mrs. Woodward
15 19 23
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Oct 10, 1923 (28) J. C. Lynd 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.

Complete one with month of pregnancy.

UNIFORM-BORN, No. 1. THE OTHERS, No. 2, etc., in question 1.