

(1) PLACE OF BIRTH

County of Charleston

Township of

or
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

71783

Registration District No. 9 B Registered No. 38
(For use of Local Registrar)(2) Full Name of Child Louis Johnson

{ If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Married(7) DATE BIRTH Aug. 2 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Osborn Johnson(9) PRESENT POSTOFFICE OF FATHER Mt. Pleasant SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Savannah Ga

(13) OCCUPATION

Carpenter

(14) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Pudgson(15) PRESENT POSTOFFICE OF MOTHER Mt Pleasant(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Mt Pleasant SC

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Andrew Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeMt Pleasant SC

Given name added from a supplemental report

(26) Witness Geo W Roberts
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug 5 1916 (28) Geo W Roberts 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.