

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
71783

(1) PLACE OF BIRTH

County of Charleston

Township of _____

or
Inc. Town of Mount Pleasant

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

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

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 OF BIRTH Aug. 2 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Aborn 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

(20) Number of children born to mother, including present birth { 2 }

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Pedgson

(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

(21) 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) Andru Johnson (25) Address of Physician or Midwife Mt Pleasant SC

(24) State whether Physician or Midwife Midwife

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.

*WHEN THERE IS NO ATTENDING PHYSICIAN OR MIDWIFE, 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.