

(1) PLACE OF BIRTH

County of Thurman
 Township of Leas Bay
 or
 Inc. Town of
 or
 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

Registration District No. 2014 Registered No. 66

File No.—For State Registrar Only
42864

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

(3) Boy OR GIRL (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Dec. 27 1915
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME C. J. Johnson
 (9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER
 (14) NAME BEFORE MARRIAGE Lula Parsons

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. C. W. Sigurd

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

Given name added from a supplemental report

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

(27) Filed Dec 30 1915 (28) D. C. W. Sigurd 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.

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return in case this