

THIS IS A PERMANENT RECORD.
 IF THE CHILD IS A FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 1.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Richmond</u>		STATE OF SOUTH CAROLINA		5667	
Township of <u>Milbrake</u>		Bureau of Vital Statistics			
City of		State Board of Health			
Inc. Town of		Registration District No. <u>207</u>		Registered No. <u>15</u>	
City of		(No. St.; Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)					
(2) Full Name of Child <u>Allen Johnson</u>					
(If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 5 1923</u>	
To be answered only in event of Twin or Triplet					
FATHER.			MOTHER.		
(8) FULL NAME <u>Allen Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Lacy Griffith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Wicks & Co. S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Wicks & Co. S.C.</u>		
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE <u>Colored</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(12) BIRTHPLACE <u>Wicks & Co. S.C.</u>			(18) BIRTHPLACE <u>Wicks & Co. S.C.</u>		
(13) OCCUPATION <u>Housewife</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> on the date above stated.					
(23) (Signature) <u>Chas. M. M.</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Wicks & Co.</u>					
Given name added from a supplemental report					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Date <u>March 20 1923</u>					
(28) Local Registrar. <u>G. H. Pool</u>					

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it should be reported as stillborn. No report is desired of stillbirths within the fifth month of pregnancy.