

## 1) PLACE OF BIRTH

County of GreenvilleTownship of DeKalbor  
City of Greenvilleor  
Day of May

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

## 2) Full Name of Child

Baby Johnson

No. for State Registrar Only

14578

Registration District No. 2101Registered No. 65  
(For use of Local Registrar)(St.) Greenville (Ward)

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

3) SEX OR  
GIRLBoy4) Type  
of Twin✓5) Number in  
order of birth✓6) Are  
Parents  
Married✓7) DATE OF  
BIRTH311923

(Name of Month) (Day) (Year)

## FATHER.

8) FULL  
NAMERace Johnson9) PRESENT  
POSTOFFICE  
OF FATHERCauseville S.C.10) COLOR  
OR  
RACECol11) AGE AT LAST  
BIRTHDAY26

(Year)

12) BIRTHPLACE

Bay Line S.C.

13) OCCUPATION

Farmer

## MOTHER.

14) NAME BEFORE  
MARRIAGEHannah James15) PRESENT  
POSTOFFICE  
OF MOTHERCauseville S.C.16) COLOR  
OR  
RACECol17) AGE AT LAST  
BIRTHDAY25

(Year)

18) BIRTHPLACE

Causeville S.C.

19) OCCUPATION

Domestic20) Number of children born to  
mother, including present birth621) Number of children of this mother  
now living, including present birth4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, Born alive at 4 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature)

H. Thomas M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Causeville S.C.Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

May 8 1923

(28)

Wilson  
Local Registrar.

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.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.