

(1) PLACE OF BIRTH

County of Horry CoTownship of Civil

Inc. Town of

City of

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

(2) Full Name of Child

File No.—For State Registrar Only

42986

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2506Registered No. 118
(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11/10/32</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Walter Johnson(9) PRESENT POSTOFFICE OF FATHER Tabor ne(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 28
(Years)(12) BIRTHPLACE Horry Co(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Fowler(15) PRESENT POSTOFFICE OF MOTHER Tabor ne.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE Horry Co(19) OCCUPATION Wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 am. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) G. S. ...

(24) State whether Physician or Midwife

(25) Address of Physician or 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 9 1932 (28) E. L. Busskin
Registrar 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.