

(1) PLACE OF BIRTH
 County of Allendale
 Township of Allendale
 Inc. Town of
 City of (No. St.; Ward)
 (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

No. for State Registrar 110
 Registration District No. 4400 Registered No. 7
 (For use of Local Registrar)

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

(3) SEX OF CHILD <u>Male</u>	(4) Twin or Triplet To be reported only in case of Twin or Triplet	(5) Number in order of birth	(6) Age of Parents Married <u>yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Jan 4 1923</u>
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FATHER.		MOTHER.	
(8) FULL NAME <u>Oliver Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Oliver Dunbar</u>	(9) PRESENT RESIDENCE OF FATHER <u>Allendale S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Allendale S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farm Labor</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Farm Labor</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Oliver at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rachel G. G. G.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Union S.C.

(26) Witness F. H. Boyd
 (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Jan 5 1923 (28) J. H. Boyd 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.

..... 19 .. Registrar (29) Filed Jan 7 1923 (30) S. H. D. D. Local Registrar.

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