

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

The parents of this child were residing at birth of child, but, solely for said child, resided at University Hospital, Augusta, Ga.

16 092943

1. PLACE OF BIRTH

County of Allendale,
Township of Allendale,
or
Inc. Town of Allendale,

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 7600

Registered No. 24

0094

University So. Carolina.

(No. UNIVERSITY HOSPITAL, Augusta, Ga. WHY)

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

2. FULL NAME OF CHILD IDA DORIS JOHNSON

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

3. Boy or Girl Girl 4. Twin, triplet, or other X 5. Number, in order of birth X 6. Premature No 7. Are Parents Yes 8. Date of birth April 1st, 1936 (Month, day, year)

9. Full name FATHER
JOHN HENRY JOHNSON

18. Name before marriage MOTHER
IDA ALENE ALL

10. Residence (mailing address) (If non-resident, give place and State) Allendale, S.C.

19. Residence (mailing address) (If non-resident, give place and State) Allendale, S.C.

11. Color or race White 2. Age at last birthday 27 (Years)

20. Color or race White 21. Age at last birthday 28 (Years)

13. Birthplace (city or place) (State or country) Williston, So. Car.
South Carolina

22. Birthplace (city or place) (State or country) Allendale, S. C.
South Carolina

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lawyer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. X

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. X

16. Date (month and year) last engaged in this work February 7th, 1923 17. Total time (years) spent in this work Judge since

25. Date (month and year) last engaged in this work Continuously 1919 26. Total time (years) spent in this work 30

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living one (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation 0 months 0 weeks 29. Cause of stillbirth 0 Before labor 0 During labor 0

Specify any physical deformities of child at birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive 1 A. m. on the date above stated. (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) A. J. Kiepatric M.D.

Given name added from a supplemental report (Date of)

xx Dated: July 3rd, 1939

Address Augusta, Ga.

Filed July 12, 1939 Sta M. Turner

Registrar.

Registrar.

Allendale County, So. Car.