

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

16 092943

1. PLACE OF BIRTH

County of Allendale,

Township of Allendale,

or Inc. Town of Allendale,

of WYOMING So. Carolina.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 7600

Registered No. 24

0094

(For use of Local Registrar)
No. OFF UNIVERSITY HOSPITAL, Augusta, Ga. WYOMING

2. FULL NAME OF CHILD IDA DORIS JOHNSON.

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

3. Boy or Girl Girl. If Plural Births None 4. Twin, triplet, or other X 5. Number, in order of birth X 6. Premature No Full term Yes 7. Are Parents Married? Yes 8. Date of birth April 1st, 1939. (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 before child's birth: 2. Age at last birthday 27 (Years)

20. Color or race White before child's birth: 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.

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

OCCUPATION 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 19 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)

Dated: July 3rd, 1939.

Address Augusta, Ga.

Filed July 12, 1939.

Registrar.

Registrar.

Allendale County, So. Car.

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)