

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of Mullins

or

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

Leahbert Johnson

File No.—For State Registrar Only

35520

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3713Registered No. 64

(For use of Local Registrar)

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

.....

(5) Number in order of birth

.....

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct. 22, 1911

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Johnson

(9) PRESENT POSTOFFICE OF FATHER

Mullins

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

23

(Year)

(12) BIRTHPLACE

Georgetown S.C.

(13) OCCUPATION

Mill hand.

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Shaw

(15) PRESENT POSTOFFICE OF MOTHER

Mullins

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

23

(Year)

(18) BIRTHPLACE

Conway S.C.

(19) OCCUPATION

Housewife.

(20) Number of children born to mother, including present birth

{

3

.....

(21) Number of children of this mother now living, including present birth

{

3

.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was

Born alive, 7 A.M.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

Mary Jane Dixon

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Mullins

Given name added from a supplemental report

(26) Witness

J. M. Schuffler

(Signature of Witness necessary only if question 23 is signed by mother)

(27) Date

Oct. 23, 1911

(28) Local Registrar

J. M. Schuffler

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