

## (1) PLACE OF BIRTH

County of Pillow  
 Township of Manning  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 1605

File No. for State Register Only  
39957

Registered No. 77  
 (For use of Local Registrar)

(No. .... St.; .... Word)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age of Person Married Yes (6) DATE OF BIRTH Oct. 11, 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME L. D. Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Pillow, S.C.  
 (12) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 47  
 (Year)  
 (13) BIRTHPLACE S. Car.  
 (15) OCCUPATION Farmer & Teacher  
 (14) NAME BEFORE MARRIAGE Auth Boatwright  
 (16) PRESENT POSTOFFICE OF MOTHER Pillow, S.C.  
 (18) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 23  
 (Year)  
 (19) BIRTHPLACE S. Car.  
 (21) OCCUPATION Housewife  
 (20) Number of children born to mother, including present birth 2  
 (22) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(23) I hereby certify that I attended the birth of this child, who was born alive at 7:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Dr. Michamp (25) Address of Physician or Midwife  
Physician Pillow, S.C.

(Given name added from a supplemental report) (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Dr. Michamp (28) B. F. Sullivan 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.

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