

(1) PLACE OF BIRTH

County of AndersonTownship of Andersonor
Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. - For State Registrar

9019

Registration District No. 200 Registered No. 24
(For use of Local Registrar)

(No. St. Ward)

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

(2) Full Name of Child Aguillar Johnson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Feb 20 1920
(Day) (Month) (Year)

FATHER.

(8) FULL NAME William Johnson(9) PRESENT RESIDENCE OF FATHER Martinsburg(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 63
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Calhoun(15) PRESENT RESIDENCE OF MOTHER Martinsburg(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE SC(19) OCCUPATION sewer work(20) 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 Alive at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. L. Hewitt M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mother)(27) Filed 5 7 1920 (28) W. P. Richard
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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