

PLACE OF BIRTH

County of Marion
 Municipality of Belmont
 or
 Town of
 or
 City of

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

No. 1a.—For State Registrar Only
29268

Registration District No.

Registered No. 44
 (For use of Local Registrar)

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

1) Full Name of Child Imogene Belle Johnson If child is not yet named, make supplemental report as directed

2) SEX OR CHILD Girl 3) Twin or Triplet No 4) Number in order of birth 1 5) Are Parents Married Yes 6) DATE OF BIRTH 4 18 1923
 To be answered only in event of Twin or Triplet (Name of Month) (Day)

FATHER.
 7) FULL NAME Ellis Johnson
 8) PRESENT POSTOFFICE OF FATHER Marion, S.C.
 9) COLOR OR RACE White 10) AGE AT LAST BIRTHDAY 33
 (Years)
 11) BIRTHPLACE Marion County
 12) OCCUPATION Farmer
 13) Number of children born to father, including present birth 3

MOTHER.
 14) NAME BEFORE MARRIAGE Rosa Bayley
 15) PRESENT POSTOFFICE OF MOTHER Marion, S.C.
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 28
 (Years)
 18) BIRTHPLACE Marion County
 19) OCCUPATION Housewife
 20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

21) I hereby certify that I attended the birth of this child, who was born alive at 11 P.M. on the date above stated. (Born alive or stillborn Hour M. or P. M.)
 22) (Signature) St. Ignace
 23) Date whether Physician or Midwife Dec 10 24) Address of Physician or Midwife Belmont, S.C.

Give name added from a supplemental report

 19
 Registrar

25) Whom (Signature of Witness necessary only when question 22 is signed by mark)
 26) Filed 8/24 19 28 27) Imogene Local Registrar.

When there was no attending physician or midwife, then the father, household, 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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