

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

19748

230

Township of

or
Inc. Town of

Registration District No.

Registered No.

(For use of Local Registrar)

City of Anderson

(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 Sarah F. Johnson

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

(3) SEX—
GIRL?(4) Twin
or triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAMEGeorge Johnson(9) PRESENT
POSTOFFICE
OF FATHERPillsbury Pa(10) COLOR
OR
RACECol(11) AGE AT LAST
BIRTHDAY34
(Years)

(12) BIRTHPLACE

SC Ga

(13) OCCUPATION

Laborer(14) Number of children born to
mother, including present birthThree

MOTHER

(14) NAME BEFORE
MARRIAGELouisa Dalton(15) PRESENT
POSTOFFICE
OF MOTHERAnderson(16) COLOR
OR
RACECol(17) AGE AT LAST
BIRTHDAY32
(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife(20) Number of children of this mother
now living, including present birthThree

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was
on the date above stated. (Hour A. M. or P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Even name added from a supplement-
al report

191

Registrar

(25) Witness

(Signature of Witness necessary only
when question 23 is signed)

CRAYTON,

(27) Filed

191

(28)

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