

(1) PLACE OF BIRTH

County of Calhoun
 Township of Lizone
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

No. 34975
 (For use of Local Registrar)

Registration District No. 802 Registered No. 113
 (For use of Local Registrar)

City of (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 Abraham Johnson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 4, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Robert Johnson</u>			(10) NAME BEFORE MARRIAGE <u>Ruth Workhant</u>	
(9) PRESENT POST OFFICE OF FATHER <u>Cameron S.C.</u>			(11) PRESENT POST OFFICE OF MOTHER <u>Cameron S.C.</u>	
(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(14) COLOR OR RACE <u>W</u>	(15) AGE AT LAST BIRTHDAY <u>23</u> (Year)	
(16) BIRTHPLACE <u>Calhoun - Ga</u>			(17) BIRTHPLACE <u>Calhoun - Ga</u>	
(18) OCCUPATION <u>Sam. Kelly</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Kelly
 (24) State whether Physician or Midwife
 (25) Address of Physician or Midwife
Cameron S.C.

(Given name added from a supplemental report)

(26) Witness W. J. Kelly
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 14, 1923 (28) W. J. Kelly
 Registrar

*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 stillbirth before the fifth month of pregnancy.