

Form No. 1

(1) PLACE OF BIRTH

County of ... CherokeeTownship of ... Seminoleor
Inc. Town of ... Roxvilleor
City of ... SE

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1315

File No. — For State Registrar Only

41814

Registered No. 44
(For use of Local Registrar)

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

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 3 1923</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Bob Johnson

(9) PRESENT POSTOFFICE OF FATHER Roxville SE

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Iron hand

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Johnson

(15) PRESENT POSTOFFICE OF MOTHER Roxville S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Roxville SE

(19) OCCUPATION Cook

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5:40 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ellen A. Davis(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Roxville

Given name added from a supplemental report

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

(27) Filed Jan 4 1923 (28) C. H. Griffin 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.