

(1) PLACE OF BIRTH

County of TickenTownship of Windsor

or

Inc. Town of

or

(City of

(2) Full Name of Child

(3) BOY OR GIRL

girl

(4) Twin or Triplet

(5) Number in order of birth

1

(6) Are Parents Married

yes

(7) DATE OF BIRTH

1-21-22
(Name) (Month) (Day) (Year)

(8) FULL NAME

Murray Johnson

(9) PRESENT POSTOFFICE OF FATHER

Windsor S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28
(Year)

(12) BIRTHPLACE

Ticken Co.,

(13) OCCUPATION

Farmer

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

1

(15) NAME BEFORE MARRIAGE

Hattie Hightower

(16) PRESENT POSTOFFICE OF MOTHER

Windsor S.C.

(17) COLOR OR RACE

Negro

(18) AGE AT LAST BIRTHDAY

20
(Year)

(19) BIRTHPLACE

Ticken Co.

(20) OCCUPATION

W.C.

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

Jan 26 1924

(29) 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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