

(1) PLACE OF BIRTH

County of

Municipality of

or

Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

23979

Registration District No. 1206

Registered No. 86

(For use of Local Registrar)

(No. of Street) (Ward)

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

(2) Full Name of Child

Samuel Johnson

(3) SEX

2

(4) Term

Yes

(5) Number in

order of birth

2

(6) Are

Parents

Married?

Yes

(7) DATE OF

BIRTH

Aug 15 23

(Name of Month)

(Day)

(Year)

FATHER.

(8) FULL

NAME

Frederick Johnson

(9) PRESENT

POSTOFFICE

OF FATHER

Saxa River S.C.

(10) COLOR

OR

RACE

Negro

(11) AGE AT LAST

BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Chesapeake

(13) OCCUPATION

Farmer

(14) Number of children born to

mother, including present birth

1

5

MOTHER.

(15) NAME BEFORE

MARRIAGE

Lizzie Johnson

(16) PRESENT

POSTOFFICE

OF MOTHER

Saxa River S.C.

(18) COLOR

OR

RACE

Negro

(17) AGE AT LAST

BIRTHDAY

21

(Years)

(18) BIRTHPLACE

Chesapeake

(19) OCCUPATION

Housewife

(21) Number of children of this mother

now living, including present birth

1

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was (23) at (24) on the date above stated.

(25) (Signature)

(26) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(28) Witness

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

(27) Filed

9/10 1923

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.