

(1) PLACE OF BIRTH

County of
Township of
or
Inc. Town of
or
City of Spartanburg

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8637

Registration District No. 410 Registered No. 51
(For use of Local Registrar)

(2) Full Name of Child

Mary Anna Johnson

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

(3) SEX OR CHILD Girl (4) Type of Triplet None (5) Number in order of birth 1 (6) Parents Married Yes (7) DATE OF BIRTH Feb 20 1925
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME C. Howard Johnson
(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Year)
(12) BIRTHPLACE Georgia
(13) OCCUPATION Mechanic
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Blanche White
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION Housewife
(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 alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) J. R. L. Johnson
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg, S.C.

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed _____ 19 _____ (28) _____ 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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