

## (1) PLACE OF BIRTH

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39498

Registration District No. 3407 Registered No. 60  
 (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 Dorothy Mary Ella Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 21, 27  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Eugene Johnson

(9) PRESENT POSTOFFICE OF FATHER Chappell's S.C. R#1

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 26  
 (Years)

(12) BIRTHPLACE Newberry Co. S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Cola Alewine

(15) PRESENT POSTOFFICE OF MOTHER Chappell's S.C. R#1

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26  
 (Years)

(18) BIRTHPLACE Newberry Co. S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Robert Eugene Johnson  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Chappell's S.C. R#1

Given name added from a supplemental report

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

(27) Filed Nov. 30, 1927 (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.

THIS CERTIFICATE MUST BE FILED IN THE OFFICE OF THE STATE REGISTRAR, COLUMBIA, S.C., WITHIN TEN DAYS OF THE DATE OF BIRTH. IF IT IS NOT SO FILED, IT WILL BE REJECTED. THE REGISTRAR WILL NOT ACCEPT THIS CERTIFICATE IF IT IS NOT SIGNED BY THE FATHER OR BY A PHYSICIAN OR MIDWIFE. IF IT IS SIGNED BY A PHYSICIAN OR MIDWIFE, IT MUST BE SIGNED IN THE PRESENCE OF TWO WITNESSES. IF IT IS SIGNED BY THE FATHER, IT MUST BE SIGNED IN THE PRESENCE OF TWO WITNESSES, ONE OF WHOM MUST BE A HOUSEHOLDER. IF IT IS SIGNED BY A PHYSICIAN OR MIDWIFE, IT MUST BE SIGNED IN THE PRESENCE OF TWO WITNESSES, ONE OF WHOM MUST BE A HOUSEHOLDER. IF IT IS SIGNED BY THE FATHER, IT MUST BE SIGNED IN THE PRESENCE OF TWO WITNESSES, ONE OF WHOM MUST BE A HOUSEHOLDER. IF IT IS SIGNED BY A PHYSICIAN OR MIDWIFE, IT MUST BE SIGNED IN THE PRESENCE OF TWO WITNESSES, ONE OF WHOM MUST BE A HOUSEHOLDER.