

(1) PLACE OF BIRTH

County of Richland
 Township of Center
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

11854

Registration District No. 380Registered No. 11854
(For use of Local Registrar)

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

(2) Full Name of Child John Johnson

If child is not yet named, make report as directed

Sex Boy Age 1 Year 4 Month 22 Day 9
 Is reported only in case of Twin or Triple

FATHER
 (1) NAME Fred Johnson
 (2) RESIDENT ADDRESS OF FATHER Blaney & C # 3
 (10) COLOR colored (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE Richland co & c
 (13) OCCUPATION Truck driver

MOTHER
 (14) NAME BEFORE MARRIAGE Lula Kennedy
 (15) RESIDENT ADDRESS OF MOTHER Blaney & C # 3
 (16) COLOR colored (17) AGE AT LAST BIRTHDAY 18
 (18) BIRTHPLACE Fairfield co & c
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1
 (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 born alive 5.00 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lula Kennedy(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Blaney & C # 3

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 25 is signed by mother)

(27) Filed Jan 24 1927 (28) W. H. Farmer
 Registrar 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.