

(1) PLACE OF BIRTH

County of Greenville, S.C.Township of Greenville

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. - For this birth
28570Registration District No. 2-9-2A Registered No.
(For use of Local Registrar)93 Lester Ave., Union Branchery

(No. St. Ward)

(2) Full Name of Child EdwinJohnsonIf child is not yet named, make
supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 5 28</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Leslie Johnson
Union Branchery.(9) PRESENT POSTOFFICE OF FATHER R.P.D. #3 Greenville, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23
(Years)(12) BIRTHPLACE Cincinnati, Ohio.(13) OCCUPATION Landscape Gardener.(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Olive May Williams,(15) PRESENT POSTOFFICE OF MOTHER Same(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Greenville, 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 born alive at 3:20 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. O. Benson(24) State whether Physician or Midwife M.D.(25) Address of Physician or Midwife R.P.D. #3 Greenville, S.C.

Given name and sex of child as reported by mother

(26) Witness

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

(27) Date Sept 7 28 (28) A. H. Mackey Local Registrar

When there is no attending physician or midwife, then the father, householder, etc., should make this return. If a child is born before the fifth month of pregnancy, it must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

Local Registrar