

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

315

County of BeaufortTownship of Beaufortor Town of Seabrook S.C.

City of

Registration District No. 400Registered No. ba

(For use of Local Registrar)

(No.) (Ward)

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

(2) Full Name of Child Rennetha Johnson

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

(3) SEX OF CHILD girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age at birth 20 (7) DATE OF BIRTH Jan 23 1923
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Reubin Johnson
(9) PRESENT POSTOFFICE OF FATHER Seabrook S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 20 yrs
(12) BIRTHPLACE Seabrook S.C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Branch
(15) PRESENT POSTOFFICE OF MOTHER Seabrook S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19
(18) BIRTHPLACE Seabrook S.C.
(19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 4(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 9 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Physician(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Seabrook S.C.

Given name added from a supplemental report

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

(26) Filed Jan 31 1923 (27) W. H. Wilson Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.