

NOTATION: PREPARED FOR BUNDLING. WHERE PLACED, WITH UNFOLDING, WILL BE NEARLY HORIZONTAL. IF PLACED IN THE MIDDLE, AND MARK THE  
 A. B. IN THE CASE OF TWIN OR TRIPLETS, UNFOLDING USE A SEPARATE WITH A. B. IN THE MIDDLE, AND MARK THE  
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(1) PLACE OF BIRTH

County of Spartanburg  
 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  
2451

Registration District No. 40-0 Registered No. 40  
 (For use of Local Registrar)

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

(2) Full Name of Child James Heyward Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet \_\_\_\_\_ (5) Number in order of birth \_\_\_\_\_ (6) Are Parents Married Yes (7) DATE OF BIRTH Jan. 3 1923  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Paul Bishop Johnson

(9) PRESENT POSTOFFICE OF FATHER Spartanburg, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Grocery Store

MOTHER

(14) NAME BEFORE MARRIAGE Katherine Elizabeth Anderson

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (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 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) J. E. Cude (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 2-1-23 (28) Jas. Coker 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.