(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or

Inc. Town of Lambs

or

City of .....

CERTIFICATE OF BIRTH

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

FILE—DO NOT REMOVE

0728

Registration District No. 911 ..... Registered No. .....
(For use of Local Registrar)

(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 ... Lillie Johnson

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

(3) SEX OF CHILD	(4) Twin or Triplet	(5) Number in order of birth	(6) Are twins living?	(7) DATE OF BIRTH
Girl			Yes	Feb 11th 1923 (Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: David Johnson	(14) MAIDEN SURNAME: Mattie Gomez
(9) PRESENT RESIDENCE OF FATHER: Lambs S.C.	(15) PRESENT RESIDENCE OF MOTHER: Lambs S.C
(10) COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 24 (Years)	(16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 19 (Years)
(12) BIRTHPLACE: S.C.	(18) BIRTHPLACE: S.C.
(13) OCCUPATION: Butcher Work.	(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 Alive (Born alive or stillborn) at 4 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sarah Watson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Lambs S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Apr 9th 1923 (28) Mrs. J. M. Hunter
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.

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