

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA

Township of

Bureau of Vital Statistics

State Board of Health

Inc. Town of

Registration District No. 22-8

Registered No. 1

or

(For use of Local Registrar)

City of

Greer S.C.

(No.)

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

(2) Full Name of Child Oliver Lewis Johnson

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

(3) BOY OR GIRL?

(4) Sex or Sexlet?

(5) Number in order of birth

(6) Age

(7) DATE OF BIRTH

FATHER

(8) FULL NAME

Ollie Richard Johnson

(9) PRESENT POSTOFFICE OF FATHER

Greer S.C. Victoria

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23 (Years)

(12) BIRTHPLACE

Ardville S.C.

(13) OCCUPATION

Mill work

(14) Number of children born to mother, including present birth

Three

MOTHER

(14) NAME BEFORE MARRIAGE

Shabell Amery

(15) PRESENT POSTOFFICE OF MOTHER

Greer S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23 (Years)

(18) BIRTHPLACE

Belkum S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(22) (Signature)

N. R. Johnson

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

7/24/14 L. R. esm Registrar

(25) Witness

(Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed

4/24/14

(27) J. V. White

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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