

OFFICE OF HEALTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

10808

County of Johnson

Township of

Inc. Town of Johnson

City of

Registration District No. 2018

Registering No. 2204

(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 Mary

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

(1) SEX OF CHILD <u>Girl</u>	(4) Type of Triples? <u>None</u>	(3) Number in order of birth <u>1st</u>	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 26 1923</u> (Month & Day) (Year)
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FATHER

(8) FULL NAME <u>W. H. Mary</u>
(9) PRESENT RESIDENCE OF FATHER <u>Johnsonville SC</u>
(10) COLOR OR RACE <u>W</u>
(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>SC</u>
(13) OCCUPATION <u>Electrician</u>

MOTHER

(14) NAME BEFORE MARRIAGE <u>Lido Taylor</u>
(15) PRESENT RESIDENCE OF MOTHER <u>Johnsonville SC</u>
(16) COLOR OR RACE <u>W</u>
(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(18) BIRTHPLACE <u>SC</u>
(19) OCCUPATION <u>Housewife</u>

(20) Number of children born to mother, including present birth 1

(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 7 20 9 (Born alive considered) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. H. Taylor

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Johnsonville SC

Given name added from a supplemental report

181

Registrar

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

(27) Mary (28) A. H. Taylor 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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