

(1) PLACE OF BIRTH

County of DANBERGTownship of DANBERG

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6498

Registration District No. 400 Registered No. 40
(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 Lorne A. Johnson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 3/6 1922
(Name of Month) (Day) (Year)FATHER (8) FULL NAME James A. Johnson (14) NAME BEFORE MARRIAGE Lotta Skightower(9) PRESENT POSTOFFICE OF FATHER DENMARK, S. C. (15) PRESENT POSTOFFICE OF MOTHER DENMARK, S. C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(Years) (Years)(12) BIRTHPLACE DANBERG (18) BIRTHPLACE DANBERG(13) OCCUPATION Mail Carrier (19) OCCUPATION(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 at 6 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Mathew (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife DENMARK, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 4/10 1922 (28) John Crow 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.