

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Charleston

STATE OF SOUTH CAROLINA.

27452

Bureau of Vital Statistics
State Board of Health

Township of

Inc. Town of

Registration District No. 9A

Registered No.
(For use of Local Registrar)

City of Charleston

(No. 149 President 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. Baby 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
To be answered only in event of Twins or Triplets

(6) Are Eyes Blue (7) DATE OF BIRTH Sept 7 23
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Wm Johnson

MOTHER. (14) NAME BEFORE MARRIAGE Filly Summers

(9) PRESENT POSTOFFICE OF FATHER Char

(15) PRESENT POSTOFFICE OF MOTHER Char

(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 40
(Year)

(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Char & County

(18) BIRTHPLACE Drayton St.

(13) OCCUPATION Laborer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 11

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Group A. M. No. 1307)
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife W. S. Poplar Hospital

Given name added from a supplemental report
..... 101
.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by marks)
(27) Filed 9/8 23 [Signature] 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.