

(1) PLACE OF BIRTH
County of Charleston **CERTIFICATE OF BIRTH**
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health
File No. — For State Registrar Only
27452

Township of
Inc. Town of Charleston Registration District No. 9A Registered No.
City of Charleston (No. 149 President St. Ward) (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. Baby Johnson If child is not yet named, make supplemental report as directed

(3) SEX Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 7, 23
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Wm Johnson (14) NAME BEFORE MARRIAGE Lilly Summers

(9) PRESENT POSTOFFICE OF FATHER Charleston (15) PRESENT POSTOFFICE OF MOTHER Charleston

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 30
(Years) (Years)

(12) BIRTHPLACE Charleston 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.)
on the date above stated.

(23) (Signature) W. D. Roper (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Roper Hospital

Given name added from a supplemental report
..... 101
..... Registrar
(26) Witness (Signature of Witness necessary only when question 22 is signed by marks) J. M. ...
(27) Filed 9/8 23 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.