

## (1) PLACE OF BIRTH

County of CharlestonTownship of AnsleyInc. Town of Ansley(City of Ansley)

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2011

No. for State Registrar Only

40314

Registered No. 69  
(For use of Local Registrar)(No. 64 Ward)

## (2) Full Name of Child

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

(1) BOY OR GIRL <u>Boy</u>	(2) Type or Token <u>To be removed only in event of Twin or Triple</u>	(3) Number in order of birth <u>26</u>	(4) Age <u>26</u>	(5) DATE OF BIRTH <u>Dec 13 1933</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>Early Johnson</u>			(10) NAME BEFORE MARRIAGE <u>Ellie McCall</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Effingham</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Effingham</u>	
(8) COLOR OR RACE <u>negro</u>			(12) AGE AT LAST BIRTHDAY <u>22</u>	
(9) BIRTHPLACE <u>SC</u>			(13) BIRTHPLACE <u>SC</u>	
(14) OCCUPATION <u>Leather</u>			(15) OCCUPATION <u>Housewife</u>	
(16) Number of children born to mother, including present birth <u>2</u>			(17) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) (Hour A. M. or P. M.) 9 P. M.  
on the date above stated.(23) (Signature) Corena MacCall(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Effingham

(Given name added from a supplemental report)

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

(27) Filed (28) N. A. H. Daniels (29) 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.