

(1) PLACE OF BIRTH  
County of Charlotte  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**16983**

Inc. Town of ..... Registration District (No. 9A) Registered No. 855  
City of Charlotte (No. 2) (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 Theresa Ardern 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? No (7) DATE OF BIRTH June 27 (Month of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Jimmie Ardern

(9) PRESENT POSTOFFICE OF FATHER Charlotte

(10) COLOR OR RACE Cul (11) AGE AT LAST BIRTHDAY 2 (Years)

(12) BIRTHPLACE Don't know

(13) OCCUPATION Don't know

(14) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lena

(15) PRESENT POSTOFFICE OF MOTHER Charlotte

(16) COLOR OR RACE Cul (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE One Belmont S.C.

(19) OCCUPATION Cheer

(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 June 27, 1943 (Born alive or stillborn) (Date and Time)

(23) (Signature) M. B. D. V. O. D. L. M. D. (24) State whether Physician or Midwife (25) Address of Physician or Midwife 1011 1st St. S.E. Roper Hospital

(Given name added from a supplemental report)

M. B. D. V. O. D. L. M. D.  
1/8/43  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) M. B. D. V. O. D. L. M. D.

(27) Filed 6/8/43 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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