

(1) PLACE OF BIRTH

County of WilliamsburgTownship of Turkeyor
Inc. Town ofCity of (No. SL; Ward)
(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

File No.—For State Registrar Only

6077

(2) Full Name of Child Sam 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 22 1925
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Elihu Johnson(9) PRESENT POSTOFFICE OF FATHER Kingsley(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Williamsburg(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth } 11

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Flagler(15) PRESENT POSTOFFICE OF MOTHER Kingsley(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Williamsburg(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth } 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:15 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca McChesney

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Feb 22 1925 (28) W. E. Smith 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCauley of Columbia