

Form No. 1

(1) PLACE OF BIRTH

County of ClarendonTownship of S. R. James

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

24041

Registration District No. 309Registered No. 47
(For use of Local Registrar)(No. 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 Mary Johnson (If child is not yet named, make supplemental report as directed)

(3) Sex of Child <u>Female</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) Date of Birth <u>Aug 20, 1923</u> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME Thos T Johnson

(9) PRESENT POSTOFFICE OF FATHER Davis Sta Sc

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Clarendon Co

(13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Easter Johnson

(15) PRESENT POSTOFFICE OF MOTHER Davis Sta Sc

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Clarendon Co

(19) OCCUPATION House & home

(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 4 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Oliver Johnson

(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 mother)

(27) Filed Aug 21, 1923

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the 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.