

Form No. 1

## (1) PLACE OF BIRTH

County of WakeTownship of New Hope

Inc. Town of .....

City of .....

(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. 2012

No. for State Registrar Only

4865

Registered No. 7

(For use of Local Registrar)

## (2) Full Name of Child

Josh Johnson

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

(3) BOY OR GIRL

(4) Twin children

To be answered only in case of Twin or Triplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) BIRTHPLACE

(12) OCCUPATION

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

## FATHER.

(8) FULL NAME J. D. Johnson(9) PRESENT POSTOFFICE OF FATHER Romney(10) COLOR OR RACE Negro(11) BIRTHPLACE Changin(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Livia Sumner(15) PRESENT POSTOFFICE OF MOTHER Changin(16) COLOR OR RACE Negro(17) BIRTHPLACE Changin(18) OCCUPATION Farmer(19) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born at 5:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) William J. Johnson

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife Changin

(24) Given name added from a supplemental report

(25) Witness

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

(26) Filed

3/15 1923

(27)

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.

WRITER PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Bureau of Columbia, Columbia, S. C.