

WRITE 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 18947
County of <u>Greenwood</u>		Registration District No.		Registered No.
Township of <u>1st</u>		Inc. Town of		(For use of Local Registrar)
City of		(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 <u>Low Johnson</u>		(If child is not yet named, make supplemental report as directed)		
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 14 1894</u>
To be answered only in event of Twins or Triplets				
FATHER.		MOTHER.		
(8) FULL NAME <u>Charles Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Erine Stephens</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>1941 St. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>1941 St. C.</u>			
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>St. C.</u>	(18) BIRTHPLACE <u>St. C.</u>			
(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Domestic</u>			
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3:40</u> M., on the date above stated. (Hour A. M. or P. M.)				
(23) (Signature) <u>E. L. Hester</u>		(24) State whether Physician or Midwife <u>midwife</u>		
(25) Address of Physician or Midwife <u>11 96 St. C.</u>				
Given name added from a supplemental report		(26) Witness <u>W. B. Hester</u>		
		(Signature of Witness necessary only when question 23 is signed by mark)		
(27) Filed <u>July 14 1894</u>		(28) <u>E. L. Hester</u> 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.