

(1) PLACE OF BIRTH

County of AikenTownship of Springor Town of Franklinville

or 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. 2-15Registered No. 216

(For use of Local Registrar)

(2) Full Name of Child

Erluth Denise Johnson

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

(3) SEX OF CHILD girl (4) Type of yes (5) Number in order of birth 1 (6) DATE OF BIRTH April 1951 (Month) (Day) (Year)(7) NAME OF FATHER Elmer Court Johnson(8) PRESENT RESIDENCE OF FATHER Franklinville, S.C.(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 28 (Year)(11) BIRTHPLACE Aiken Co.(12) OCCUPATION Textile(13) Number of children born to mother, including present birth 2(14) NAME OF MOTHER Flora Myman Ware(15) PRESENT RESIDENCE OF MOTHER Franklinville, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Year)(18) BIRTHPLACE Aiken Co.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(22) (Signature) Dr. R. Turnbull(23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Franklinville, S.C.

Given name added from a supplemental report

(25) Witnesses

(Signature of Witnesses necessary only when Section 25 is signed by mark)

(26) Hubert 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.

Given name added from supplemental report

FIRST-BOOK, No. 1 THE OTHER, No. 2, etc., in question 1

BUREAU OF STATISTICS, COLUMBIA, S. C.

L. Medlock