

CERTIFICATE OF BIRTH **STATE OF SOUTH CAROLINA** **Bureau of Vital Statistics** **State Board of Health**

File No.—For State Registrar Only
2603

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 City of

Registration District No. 100 Registered No. 8
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Louis Deane Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 11, 1928
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Emory Johnson
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S C
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Year)
 (12) BIRTHPLACE S C
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Alice Anderson
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S C
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)
 (18) BIRTHPLACE S C
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) E. J. B. B. B.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Abbeville S C

(Given name added from a supplemental report)

(25) Witness E. J. B. B. B.

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Feb 15, 1928(27) Local Registrar E. J. B. B. B.

*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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.