

(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

43627

County of MarionTownship of Reveriesor
Inc. Town ofor
City ofRegistration District No. 3705Registered No. 141

(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 Deborah Johnson (If child is not yet named, make supplemental report as directed.)

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet? <u>X</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 26, 1922</u> (Name, Month, Day, Year)
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FATHER.

(8) FULL NAME Ed Johnson(9) PRESENT POSTOFFICE OF FATHER Marion SC 175(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lila Collins(15) PRESENT POSTOFFICE OF MOTHER Marion SC 175(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34
(Year)(18) BIRTHPLACE SC(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) N. N. Sells(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Marion SC

Given name added from a supplemental report

(26) Signature of Witness necessary only when question 23 is signed by nurse	(27) Local Registrar
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When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths occurring within month of pregnancy.