

(1) PLACE OF BIRTH

County of *Williamburg*

Township of

or

Inc. Town of *Kingstree S.C.*

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

26589

Registration District No. *4306*Registered No. *39*

(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 *Julian Bennie Johnson Jr.*

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *July 10, 1923*

FATHER.

(8) FULL NAME *Julian Bennie Johnson*(9) PRESENT POSTOFFICE OF FATHER *Kingstree S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *Lake City S.C.*(13) OCCUPATION *Telegraph Operator*(14) Number of children born to mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Nettie Mc Kenzie*(15) PRESENT POSTOFFICE OF MOTHER *Kingstree S.C.*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *New Zion S.C.*(19) OCCUPATION *House keeping*(20) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *7:50* A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Mr. J. M. Mc Kenzie*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Aug 15, 1923* (28) *J. T. Grimes* 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.

RECEIVED BY THE BUREAU OF VITAL STATISTICS