

(1) PLACE OF BIRTH

County of CharlestonMunicipality of Monktonville, SCIn Town of Monktonville, SCCity of Monktonville, SC

(If birth occurs in a hospital

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9.12

No. 14-17 for this purpose

17024

Registered No. 17024
(For use of Local Registrar)

(2) Full Name of Child

Edwara JohnsonIf child is not yet named, make
supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) AGE In <u>Years</u> <u>2</u>	(5) NUMBER OF CHILDREN In <u>Family</u> <u>3</u>	(6) DATE OF BIRTH <u>June 10</u>	(7) TIME OF BIRTH <u>3:30</u>
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FATHER: Edwara JohnsonMOTHER: Monktonville, SCCOLOR OF FATHER: Colored (10) AGE AT LAST BIRTHDAY: 27BIRTHPLACE: Charleston, SCOCCUPATION: Laborer(11) Number of children born to mother, including present birth: ThreeMOTHER: Monktonville, SCCOLOR OF MOTHER: Colored (10) AGE AT LAST BIRTHDAY: 20BIRTHPLACE: Charleston, SCOCCUPATION: Household(11) Number of children of this mother now living, including present birth: Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Date of birth) June 10, 1923(13) (Signature) Sarah Williams (14) State whether Physician or Midwife Midwife (15) Address of Physician or Midwife Monktonville, SC

Given name added from a supplemental report

(16) Witness John Williams(17) Date June 19, 1923

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.