

(1) PLACE OF BIRTH

County of York

Township of York

or
the Town of York

or
City of York

(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

File No.—For State Registrar Only

79810

Registration District No. 4406

Registered No. 77

(For use of Local Registrar)

St.; Ward)

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

(2) Full Name of Child Wm. Arthur Johnson

(3) BOY OR GIRL
Boy

(4) Twin or Triplet?
No

(5) Number in order of birth
3

(6) Are Parents Married?
yes

(7) DATE OF BIRTH Aug 12 1916
(Name of Mother) (Day) (Year)

FATHER.

(8) FULL NAME William Martin Johnson

(9) PRESENT POSTOFFICE OF FATHER York

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27
(Years)

(12) BIRTHPLACE Gaston County N.C.

(13) OCCUPATION mill hand

(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Essie Pinnion

(15) PRESENT POSTOFFICE OF MOTHER York

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 26
(Years)

(18) BIRTHPLACE Cabarrus County N.C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at 10⁰⁰ A.M. on the date above stated. (Hour A. M. or P. M.)

(22) (Signature) J. B. Parker

(23) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(25) Filed 9-11-16 (26) A. E. Parker 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.