

Form No. 1

(1) PLACE OF BIRTH

County of Jasper
 Township of Peachtree
 or
 Inc. Town
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

30791

Registration District No. 2601Registered No. 60
(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 Marie Johnson

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 9/24/22
 (Name of Month) (Day) (Year)

FATHER

(5) FULL NAME Charlie Johnson(9) PRESENT POSTOFFICE OF FATHER Cope land Gen(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Copeland Gen(13) OCCUPATION Public work(20) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Marie Habersham(15) PRESENT POSTOFFICE OF MOTHER Cope land Gen(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Year)(18) BIRTHPLACE Copeland Gen(19) OCCUPATION House work(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 Alison at 12 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy Hamilton(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cope land Gen

Given name added from a supplemental report

(26) Witness P. T. W. Roberts

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

(27) Filed 9/26/22 (28) P. T. W. Roberts 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.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.