

## (1) PLACE OF BIRTH

County of Henry  
 Township of Dayton  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

40957

Registration District No 2500 Registered No. 110  
 (For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Johnson If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Boy (4) Type of Birth To be covered only in event of Twin or Triplets (5) Are Twins Marked yes (6) DATE OF BIRTH Dec 8 1923  
 (Name of Month) (Day) (Year)

FATHER.  
 (7) FULL NAME Purdon Johnson  
 (8) PRESENT POSTOFFICE OF FATHER Gallinier Top R 3  
 (9) COLOR OR RACE Black (10) AGE AT LAST BIRTHDAY 32 (Year)  
 (11) BIRTHPLACE Henry  
 (12) OCCUPATION Farming  
 (13) Number of children born to mother, including present birth 10

MOTHER.  
 (14) NAME BEFORE MARRIAGE Golden Fone  
 (15) PRESENT POSTOFFICE OF MOTHER Gallinier Top R 3  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 37 (Year)  
 (18) BIRTHPLACE Henry  
 (19) OCCUPATION House Keeping  
 (20) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(21) I hereby certify that I attended the birth of this child, who was Alive at 8 P. M.,  
 on the date above stated. Born alive or stillborn (Hour M. of P. M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Midwife Heather Fone

Given name added from a supplemental report

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

(26) Filed Jan 9 1924 (27) J. C. Rice 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.