

(1) PLACE OF BIRTH

County of MarionTownship of Reavesor
Inc. Town ofor
City of

IF birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 1911</u> (Name of Month) (Day) (Year)
-------------------------------	---	------------------------------	--	---

FATHER.

(8) FULL NAME W. Johnson

(9) PRESENT POSTOFFICE OF FATHER Mullins

(10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE Marion Co.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Al Helder Hodges

(15) PRESENT POSTOFFICE OF MOTHER Mullins

(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 37
(Years)

(18) BIRTHPLACE Marion Co.

(19) OCCUPATION House & House Work

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Russ & Hayes

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mullins

Given name added from a supplemental report

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

(27) Filed Oct 30 1911 (28) John Schaffer
Registrar 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.

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.

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

File No. — For State Registrar Only
35536

Registration District No. 3405 Registered No. 75
(For use of Local Registrar)

(No. St.; Ward)