

(1) PLACE OF BIRTH

County of Marion
Township of Reaves
or
Inc. Town of

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)

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 George J. Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? (7) DATE OF BIRTH Jan 5 1924
(Name of Month) (Day) (Year)
To be answered only in event of Twin or Triplet

FATHER.
(8) FULL NAME W. Johnson
(9) PRESENT POSTOFFICE OF FATHER Mullins
(10) COLOR OR RACE B. (11) AGE AT LAST BIRTHDAY 34
(Year)
(12) BIRTHPLACE Marion Co.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE M. Helder Hodges
(15) PRESENT POSTOFFICE OF MOTHER Mullins
(16) COLOR OR RACE B. (17) AGE AT LAST BIRTHDAY 37
(Year)
(18) BIRTHPLACE Marion Co.
(19) OCCUPATION Spin & 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) Amy Hayes
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report
(26) Witness H. M. Schaffer (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 30 1924 (28) H. M. Schaffer 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.

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State of Columbia, Columbia, S.C.