

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

27378

Township of

Inc. Town of

City of

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

Registration District No. 1

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Baby Johnson

If child is not yet named, no supplemental report as directed

(3) BOY OR GIRL Girl(4) Twin or Triplet? No(5) Number in order of birth
to be entered only in case of twins or triplets(6) Any Previous Marriage? No(7) DATE OF BIRTH Sept. 24, 23
(Name Month Day Year)

FATHER

(8) FULL NAME Moses Johnson(9) PRESENT POSTOFFICE OF FATHER Chas(10) COLOR OR RACE Col(11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Colleton County, S.C.(13) OCCUPATION laborer(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Coline Campbell(15) PRESENT POSTOFFICE OF MOTHER Chas(16) COLOR OR RACE Col(17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Colleton County, S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) on the date above stated.(23) (Signature) W. G. Cain, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 101 N. Main St., Charleston, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 1/25 1913(28) J. M. ...

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.