Form No. 1

(1) PLACE OF BIRTH

County of Beaufort

Township of Sheldon

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

Registration District No. 6038 Registered No. 14
(For use of Local Registrar)

File No.—For State Registrar Only
2962

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

(3) SEX OR SEXES: Boy

(4) Twin or Triplet — To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH: Feb 11, 1923 (Name of Month) (Day) (Year)

FATHER	MOTHER
(8) FULL NAME: Charlie Johnson	(14) NAME BEFORE MARRIAGE: Nellie Jones
(9) PRESENT POSTOFFICE OF FATHER: Yemassee	(15) PRESENT POSTOFFICE OF MOTHER: Yemassee
(10) COLOR OR RACE: Negro (11) AGE AT LAST BIRTHDAY: 40 (Years)	(16) COLOR OR RACE: Negro (17) AGE AT LAST BIRTHDAY: 34 (Years)
(12) BIRTHPLACE: Beaufort Co	(15) BIRTHPLACE: Beaufort Co
(13) OCCUPATION: Farmer	(16) OCCUPATION: House wife
(20) Number of children born to mother, including present birth: 1	(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 born alive at 0530 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Myra [illegible]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed ..... 19 .... (28) DaRose
Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report.
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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DETACH CLEANLY, WITH SCISSORS, ALONG THIS LINE. PLACE ON A SEPARATE BLANK FOR EACH CHILD, and make one of twins or triplets on a separate blank for each child, and mark "First-Born," "Second," etc., in question 4.