

(1) PLACE OF BIRTH

County of Florence S.C.

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For this registration

28295

Registration District No. 2005 Registered No. 42
(For use of Local Registrar)(2) Full Name of Child Jasmin Johnson (If child is not yet named, make supplemental report as directed)(1) SEX OR CHILD girl (2) Type or Trade To be reported only in case of Trade or Trade (3) Number in order of birth 1 (4) Age ju (5) DATE OF BIRTH Sept 9, 1923
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME Engen Johnson(7) PRESENT RESIDENCE OF FATHER Florence S.C.(8) COLOR OR RACE colored (9) AGE AT LAST BIRTHDAY 21
(Year)(10) BIRTHPLACE S. C.(11) OCCUPATION public work(12) Number of children born to mother, including present birth 1

MOTHER.

(13) NAME BEFORE MARRIAGE Daisy Nelson(14) PRESENT RESIDENCE OF MOTHER Florence S.C.(15) COLOR OR RACE colored (16) AGE AT LAST BIRTHDAY 17
(Year)(17) BIRTHPLACE Netten place

(18) OCCUPATION

(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born Sept 9, 1923 at 8 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Ada Hines(22) State whether Physician or Midwife midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness Phyllis Nelson
(Signature of Witness necessary only when question 23 is signed by mark)(25) Filed P.D. 8, 1923 (26) P. H. Pugham
Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.