

FORM NO. 1. MAILED RESERVED FOR BINDING U.S. DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D.C. THIS IS A PERMANENT RECORD. WHEN PLAINLY, WITH AN ADJOINING INK—THIS IS A PERMANENT RECORD. N.B.—In case of TWINS OR INFANTS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH  
County of Charleston  
Township of .....  
Inc. Town of .....  
City of Charleston  
(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

File No.—For State Registrar Only  
**6120**

Registration District No. 9A Registered No. 889  
(For use of Local Registrar)  
(No. of St. Francis Inf. St. Ward)  
(If child is not yet named, make supplemental report as directed)

2) Full Name of Child Mary Elizabeth Johnson

(3) ~~BOY~~ OR GIRL? GIRL (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 27 1923  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Claude Myron Johnson  
(9) PRESENT POSTOFFICE OF FATHER #49 Laurens St  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)  
(12) BIRTHPLACE Bellefont Pa.  
(13) OCCUPATION Inspector  
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Elizabeth Kennedy  
(15) PRESENT POSTOFFICE OF MOTHER #49 Laurens St  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26 (Years)  
(18) BIRTHPLACE Charleston, S.C.  
(19) OCCUPATION House wife  
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born living, at 7:10 A. (Hour A. M. or P. M.)  
on the date above stated.

(22) (Signature) Daniel Myron Johnson  
(23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife 187 Oakwood Rd

Given name added from a supplemental report ..... 101.....  
Registrar

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
3/12/23 J. Brown Green N.D.  
(27) Filed ..... 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.