

Form No. 1

## (1) PLACE OF BIRTH

County of Union  
 Township of Cross Keys  
 Inc. Town of S. E.  
 City of S. E.

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**19398**

Registration District No. 4-204 Registered No. 18  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)  
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child no name

(3) SEX OR ONLY Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet  
 (5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 18, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Neal Johnson

(9) PRESENT POSTOFFICE OF FATHER Union S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32  
 (Year)

(12) BIRTHPLACE Union County S.C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Seila Smith

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26  
 (Year)

(18) BIRTHPLACE Union County S.C.

(19) OCCUPATION Field Hand

(20) Number of children of this mother now living, including present birth 5

## SIGNATURE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Neal Johnson

(23) State whether Physician or Midwife Father

(24) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

(27)

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.