

Form No. 1

(1) PLACE OF BIRTH

County of Ashe
Township of Schultz
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only
26888

Registration District No. 213 Registered No. 39
(For use of Local Registrar)
(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child Arthur Johnson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet twins (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 8, 1923
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Arthur Johnson
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga R5
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 47
(Year)
(12) BIRTHPLACE SC
(13) OCCUPATION Farmer

MOTHER
(14) NAME BEFORE MARRIAGE Mamie Wooten
(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R5
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 37
(Year)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 12 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charles Pendleton
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R6

Given name added from a supplemental report

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

(27) Filed Sept 17, 1923 (28) S. K. McEllock 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.