

Form No. 3

## (1) PLACE OF BIRTH

County of BeaufortTownship of BeaufortInc. Town of BeaufortCity of Beaufort

(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. 6a

No. 34814 X

Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child Edwiner Johnson

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

(3) SEX OF CHILD <u>girl</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are twins marked <u>yes</u>	(7) DATE OF BIRTH <u>Nov 5 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Edward Johnson</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Biner</u>	(10) PRESENT RESIDENCE OF FATHER <u>Beaufort SC</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Beaufort</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>49</u> (Year)	(12) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)
(13) BIRTHPLACE <u>Beaufort</u>	(15) OCCUPATION <u>Sexton of Church</u>	(13) BIRTHPLACE <u>St. Helena Island</u>	(15) OCCUPATION <u>House Wife</u>
(19) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 P.M. on the date above stated.  
(Born alive or stillborn) (Hour, P.M. or A.M.)(23) (Signature) Candice Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by nurse)

(27) Filed 12/17/23 to 23 (28) W. S. G. G. G.

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is necessary before the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

In B-1 case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.

Bureau of Statistics, Columbia, S. C.