

(1) PLACE OF BIRTH

County of Abbeville
Township of Abbevilleor
Inc. Town ofor
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

File No.—For State Registrar

26770

Registration District No. 1A Registered No. 80
(For use of Local Registrar)City of Abbeville (No. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Charles D. E. Johnson If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? one (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15 1909
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME James Johnson(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 32
(Years)(12) BIRTHPLACE Abbeville S.C.(13) OCCUPATION Shop Work(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Fannie M. Turner(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Abbeville S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3:15 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Morgan

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife (Abbeville S.C.)

(Given name added from a supplemental report)

101....

Registrar

(26) Witness Miss Julia M. E. Carter
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 26 1909 Miss Julia M. E. Carter
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.

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N.B. Use 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.