MARGIN RESERVED FOR BINDING.

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

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

(1) PLACE OF BIRTH

County of Spartanburg

Township of Campobello

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: 26 [illegible]

Registration District No. 4001-a Registered No. 70
(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)

(2) Full Name of Child Howard Gaston Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Boy	—	—	Yes	March 27 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME: Joe Howard Johnson	(14) NAME BEFORE MARRIAGE: Ella May Rhymer
(9) PRESENT POSTOFFICE OF FATHER: Campobello Rt 4	(15) PRESENT POSTOFFICE OF MOTHER: Campobello Rt 4
(10) COLOR OR RACE: White (11) AGE AT LAST BIRTHDAY: 22 (Years)	(16) COLOR OR RACE: White (17) AGE AT LAST BIRTHDAY: 21 (Years)
(12) BIRTHPLACE: S C	(18) BIRTHPLACE: N.C
(13) OCCUPATION: Farmer	(19) OCCUPATION: Housewife
(20) Number of children born to mother, including present birth: 1	(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charme Leroy Fleming
(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: Campobello S C

Given name added from a supplemental report
.....
..... 19 ....
Registrar

(26) (Witness) .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 4/2-2 1923 (28) C. L. Mauldin
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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