

(1) PLACE OF BIRTH

County of RichmondTownship of BellevueInc. Town of BellevueCity of Bellevue

(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. 20Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child

Geo. Albert Johnson

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

(3) SEX OF CHILD Boy(4) Twin or Triplet No
To be answered only in case of Twin or Triplet(5) Number in order of birth 1(6) Age of Child 23
Years Months Days(7) DATE OF BIRTH Jan 23
Month Day Year(8) FULL NAME C. Johnson(9) PRESENT RESIDENCE OF FATHER Wagner(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 29
Years(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer Laborer(14) Number of children born to mother, including present birth 6(15) NAME BEFORE MARRIAGE Laura Hosely(16) PRESENT RESIDENCE OF MOTHER Wagner(17) COLOR OR RACE Black(18) AGE AT LAST BIRTHDAY 26
Years(19) BIRTHPLACE S.C.(20) OCCUPATION House Wife(21) 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 Alive on the date above stated. (Born alive or stillborn) (M. or F. M.)(23) (Signature) Mary Wagner(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Wagner

Given name added from a supplemental report

(26) Witnesses (Signature of Witnesses necessary only when question 22 is signed by father)

(27) Date Jan 30 23 (28) Local Registrar J. H. Paul

*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.