

(1) PLACE OF BIRTH

County of **Charleston**

Township of .....

Inc. Town of .....

City of **Charleston**

(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 Only

9530

518

Registration District No. 9A Registered No. ....

(For use of Local Registrar)

Full Name of Child **Mary Elizabeth Johnson** If child is not yet named, make supplemental report as directed

BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH **Feb. 27 1925**  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

FULL NAME

**Claud M. Johnson**

(14) NAME BEFORE MARRIAGE

**Mary E. Kennedy**

PRESENT POST OFFICE OF FATHER

City

(15) PRESENT POST OFFICE OF MOTHER

City

COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY **26**  
(Years)(16) COLOR OR RACE **White**(17) AGE AT LAST BIRTHDAY **26**  
(Years)

BIRTHPLACE

**Bellefont, Pa.**

(18) BIRTHPLACE

City

OCCUPATION

**Supervisor of Streets**

(19) OCCUPATION

**Housewife**Number of children born to mother, including present birth **2**(21) Number of children of this mother now living, including present birth **1**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **alive** at **7:10 A.M.** on the date above stated.  
(Hour A. M. or P. M.)(23) (Signature) **J. K. Maguire**

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

M.D.

187 Calhoun

Give name added from a supplemental report

(26) Witness

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

(27) Filed **4-2-1925** (28) **Mercer** Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, if child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(Date of)

Address

Filed

**7-8-1925**