

Form No. 1

(1) PLACE OF BIRTH

County of Chester

Township of

or

Inc. Town of

or

City of Chester

(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

41535

Registration District No. 11ARegistered No. 123

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Pearl May Johnson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec 4, 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Coleman Johnson(9) PRESENT POSTOFFICE OF FATHER Chester, SC(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 38 (Years)(12) BIRTHPLACE Chester County(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Irene Ward(15) PRESENT POSTOFFICE OF MOTHER Chester(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Chester(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fannie B. Bannor(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chester, SC

Given name added from a supplemental report

(26) Witness Martha Ladd (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 12-9-22 (28) J. H. Lure 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.

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL, COLUMBIA, S. C.