

(1) PLACE OF BIRTH

County of Aiken
 Township of Chuganapin
 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
5651

Registration District No. 202 Registered No. 5
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Mch. 9, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Coleman
 (9) PRESENT POSTOFFICE OF FATHER Batesburg, S.C.
 (10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 30
 (12) BIRTHPLACE Saluda, County
 (13) OCCUPATION Public Work

MOTHER.

(14) NAME BEFORE MARRIAGE Lucinda Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Monetta, S.C.
 (16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 28
 (18) BIRTHPLACE Saluda, County
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 6
 (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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Beula Ordy
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed April 10, 1923 (28) A. L. Holstein
 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.