

(1) PLACE OF BIRTH

County of MarionTownship of Mullinsor
City of Mullins(No. 3705 Ward 43)

CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

Registration District No. 3705

File No.—for State Registrar Only

20267

Registered No. 43
(For use of Local Registrar)(2) Full Name of Child James Johnson

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

(3) SEX Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Apr 14 73
(Name) (Month) (Day) (Year)

FATHER: (8) FULL NAME Ad Johnson (9) PRESENT POSTOFFICE OF FATHER Mullins (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 26 (Year) (12) BIRTHPLACE Marion Co. (13) OCCUPATION Farmer

MOTHER: (14) NAME BEFORE MARRIAGE Addie Burton (15) PRESENT POSTOFFICE OF MOTHER Mullins (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 25 (Year) (18) BIRTHPLACE Marion Co. (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary Jane Dixon (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mullins

(26) Witness Wm Scheffler (Signature of Witness necessary only when question 23 is signed "mark") (27) File Apr 20 73 (28) Wm Scheffler 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.