

(1) PLACE OF BIRTH

County of AikenTownship of Windsor

Inc. Town of

City of

(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. 30770Registration District No. 215Registered No. 54

(For use of Local Registrar)

(2) Full Name of Child

Levendolyn 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

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fred M. Johnson

(9) PRESENT POSTOFFICE OF FATHER

Windsor, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Aiken Co.

(13) OCCUPATION

Farmer

(14) Number of children born to mother, including present birth

One

MOTHER

(15) NAME BEFORE MARRIAGE

Monteree Johnson

(16) PRESENT POSTOFFICE OF MOTHER

Windsor, S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

21

(Years)

(19) BIRTHPLACE

Aiken Co.

(20) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:20 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianWindsor, S.C.

(26) Given name added from a supplemental report

(27) Witness

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

(28) Filed

Oct 23

(29)

Deputy

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.

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