

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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. - For State Registrar Only

24184

Registration District No. 1576 Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Mary Johnson

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

(3) Sex *girl* (4) Twin or Triplet *No* (5) Number in order of birth *6* (6) Are Parents Married *yes* (7) DATE OF BIRTH *Aug. 6* 19*23*
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wes Johnson*(9) PRESENT POSTOFFICE OF FATHER *Starkville No. 2*(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *43* (Years)(12) BIRTHPLACE *Washington Co*(13) OCCUPATION *Tenant Farmer*(14) Number of children born to mother, including present birth *11*

MOTHER.

(14) NAME BEFORE MARRIAGE *Sarah Johnson*(15) PRESENT POSTOFFICE OF MOTHER *Starkville SC*(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *28* (Years)(18) BIRTHPLACE *Washington Co*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *11*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *born* *at* *P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *B. G. Tilden* (23) State whether Physician or Midwife *Mid* (24) Address of Physician or Midwife *Lydia Ave.*

(Given name added from a supplemental report)

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

(26) Filed *Mary* 19*23* (27) Local Registrar *R. M. Jones*

*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.

19 *23* Registrar *R. M. Jones* (28) Filed *Mary* 19*23* (29) Local Registrar *R. M. Jones*

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N. B.-In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and in question 2 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Form of Columbia, Columbia, S. C.