

North Carolina State Board of Health  
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH No 131762

1. PLACE OF BIRTH—  
County Catawba Registration District No. 18-2120 Certificate No. 107  
Township Hickory or Village \_\_\_\_\_  
City Hickory No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its name instead of street and number)

2. FULL NAME OF CHILD William Herman Johnson If child is not yet named, make supplemental report, as directed

3. Sex male If plural births \_\_\_\_\_ 4. Twin, triplet, or other \_\_\_\_\_ 5. Number in order of birth \_\_\_\_\_  
6. Premature Full term \_\_\_\_\_ 7. Are parents married yes 8. Date of birth Aug. 17 1929  
(month, day, year)

9. Full name FATHER Herman E. Johnson 18. Full maiden name MOTHER Hertude Will

10. Residence (usual place of abode) (If non-resident, give place and State) Hickory, N.C. 19. Residence (usual place of abode) (If non-resident, give place and State) Hickory, N.C.

11. Color or race White 12. Age at last birthday 27 (years) 20. Color or race White 21. Age at last birthday 27 (years)

13. Birthplace (city or place) N.C. (State or country) 22. Birthplace (City or place) N.C. (State or country)

OCCUPATION 14. Trade, profession or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Newspaper office 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Domestic  
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_  
16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 19. \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_ 19. \_\_\_\_\_

27. Number of children of this mother (at time of this birth and including this child) (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:00 A. m. on the date above stated.

{ WHEN THERE WAS NO ATTENDING PHYSICIAN OR MIDWIFE, THEN THE FATHER, HOUSEHOLDER, ETC., SHOULD MAKE THIS RETURN. }

(Signed) Glenn R. Frye M. D.

or \_\_\_\_\_ Midwife

Given name added from a supplemental report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address Hickory, N.C.

Filed 8-29-29 1929 C.E. Keever REGISTRAR

THIS IS TO CERTIFY that the above is a true copy of the birth certificate

of William Herman Johnson filed in this office.

J.W.R. Gordon

State Registrar.