

CERTIFIED

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APR 19 1979

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THE ABOVE IS AN
EXACT COPY OF THE
ORIGINAL RECORD
FILED IN THE BUREAU
OF VITAL STATISTICS
ALABAMA
DEPARTMENT OF HEALTH
MONTGOMERY, ALA.

Forest E. Ludden
STATE REGISTRAR

AFFIDAVIT ON REVERSE SIDE

CERTIFICATE OF BIRTH.

Form No. 1

Do not fail to get this

Name of child: _____

Date of birth: Month 11/17/16; day _____; 19____; Hour: 1 A. M. _____ P. M.

Place of birth: County Walker; Beat 2702; Ward _____; street and No. _____

Sex of colored? N Male or female? F Live-birth or still-birth? L

Single, twin or triplet? 1 Presentation: head, breech, or cross? Loa

Legitimate or illegitimate? Leg Duration of labor? 10 hrs

Name of mother: Robbie Johnson; age 20; color W

Place of mother (City or Country): Miss; occupation: Nurse

Maiden name of mother: Stroud; No. of child of mother: 1

No. of children of mother now living: 1 No. of marriage of mother: 1

Name of father: Osca W. Johnson; age 30; color W

Place of father (City or Country): La; occupation: Postal Clerk

No. of child of father: 1 No. of children of father now living: 1 No. of marriage of father: 1

Signature: Amended 396646 4/19/79 WW

Reporter: J. E. Garrison, M.D.

Report: 11/18/16 191 Post Office: Blum

(Fill in every space below after reading instructions on reverse side)

AFFIDAVIT TO AMEND RECORD OF BIRTH

State of Florida

Certificate No. 1916 53 92
Year Vol. Page

County of Hillsborough

Date Filed November 18, 1916

Before me appeared Oscar W. Johnson who states that she is the
he or she

relationship of the person named below who was born November 17, 1916 ; that the record
Mo. Day Yr.

of this birth filed in the Alabama Division of Vital Statistics is incorrect and/or incomplete.

The Record Shows	Child's Full	The Facts Are
<u>Unnamed</u>	Original Name	<u>KAROLENA NIX JOHNSON</u>
<u>Female</u>	Sex of Child	<u>FEMALE</u>
<u>November 17, 1916</u>	Date of Birth	<u>NOVEMBER 17, 1916</u>
<u>Birmingham, Alabama</u>	Place of Birth	<u>BIRMINGHAM, ALABAMA</u>
<u>Oscar W. Johnson</u>	Father's Name	<u>OSCAR W. JOHNSON</u>
<u>White</u>	Color or Race of Father	<u>WHITE</u>
<u>Robbie Stroud</u>	Mother's Maiden Name	<u>ROBBIE STROUD</u>
<u>White</u>	Color or Race of Mother	<u>WHITE</u>
<u>1st child of this mother</u>		<u>1ST CHILD OF THIS MOTHER</u>

This affidavit is executed for the purpose of correcting and/or completing the above identified record. I know the facts stated above are true and correct.

Sworn to before me this 17th day of 1916

Affiant's Signature Karolena Nix Amador

Notary Public STATE OF FLORIDA AT LARGE
My commission expires MAR 7 1931
Notary Public

Usual Address 509 CAROLYNE STREET
TEMPLE TERRACE, FLORIDA, 33617

Division of Vital Statistics
Montgomery, Alabama 36130

(Do not fill in below line)

I certify the foregoing amendment is hereby made a part of the record concerned without determination of its probative value. Done this 19 day of April 19 19

Wanda Wyatt
State Registrar of Vital Statistics

By Wanda Wyatt
Recording Clerk