

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

Law. of Columbia

(1) PLACE OF BIRTH
 County of Charleston STATE OF SOUTH CAROLINA.
 Township of Calhoun Bureau of Vital Statistics
 or Inc. Town of Registration District No. 1200 State Board of Health
 or City of Registered No. 86
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

File No.—For State Registrar Only
89030

(2) Full Name of Child. Bertha Estelle Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 20, 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Charlie Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Florence Linn</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Widdowson St.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Widdowson St.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>Charleston Co</u>			(18) BIRTHPLACE <u>Charleston Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. P. Bull, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Patrick St.

Given name added from a supplemental report

 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Jan 1917 (27) Filed (28) J. M. Brown 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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