

(1) PLACE OF BIRTH  
 County of Pickens  
 Township of Sasley  
 or  
 Inc. Town of Falham  
 or  
 City of

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**50223**

Registration District No. 3702 Registered No. 10  
 (For use of Local Registrar)  
 St.; ..... Ward)

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

(3) BOY OR GIRL? ..... (4) Twin or Triplet? L (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 29, 1916  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Alexander Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Early S. P. R. 2  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 32 (Years)  
 (12) BIRTHPLACE Pickens Co  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Surrepta Griffin  
 (15) PRESENT POSTOFFICE OF MOTHER Pearly S. P. R. 2  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Pickens Co  
 (19) OCCUPATION House Wife  
 (21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was a live at 3:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. R. Jamison

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Early S. P. R. 2

Given name added from a supplemental report  
 \_\_\_\_\_, 191...  
 Registrar

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

(27) Filed Nov. 6, 1916 (28) E. G. Nyatt 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.

Registrar I (LOCAL REGISTRAR)

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REMAIN RESERVED FOR BINDING  
 WITH LEADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use 2 SEPARATE BLANKS for each child, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, etc., in question 5.  
 McCaw, C. Columbia