

(1) PLACE OF BIRTH

County of PickensTownship of Asheor
Inc. Town of Saltramor
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

50223

Registration District No. 3702 Registered No. 10

(For use of Local Registrar)

(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(6) Are
Parents
Married? yes(7) DATE OF
BIRTHFeb. 29, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEAlexander Johnson(9) PRESENT
POSTOFFICE
OF FATHEREarly S.E. R 2(10) COLOR
OR
RACEBlack(11) AGE AT LAST
BIRTHDAY 32
(Years)

(12) BIRTHPLACE

Pickens Co

(13) OCCUPATION

Farming(14) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGESurreptia Griffin(15) PRESENT
POSTOFFICE
OF MOTHEREarly S.E. R 2(16) COLOR
OR
RACEBlack(17) AGE AT LAST
BIRTHDAY 20
(Years)

(18) BIRTHPLACE

Pickens Co

(19) OCCUPATION

House Wife(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born 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

(25) Address of Physician or Midwife

PhysicianEarly S.E.Given name added from a supplement-
tal report

(26) Witness

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

Registrar

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

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

(LOCAL REGISTRAR)

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a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the
fifth month of pregnancy.WHICH PLAINLY, WITH LEADING 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 5.

WRITE

N. B.—

McGraw