

FORM NO. 1
 MARGIN RESERVED FOR BANDING.
 WRITE CLEARLY 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 5.
 McCay, of Columbia

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
 87698

(1) PLACE OF BIRTH
 County of Union
 Township of Bogawitsa
 or
 Inc. Town of
 or
 City of Buffalo
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

Registration District No. H.P.B. Registered No. 57
 (For use of Local Registrar)

No. 602 Pond St.; Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>17</u> <u>1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Lloyd Johnson</u> FATHER.		(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(14) NAME BEFORE MARRIAGE <u>Margess Mams</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo</u>
(12) BIRTHPLACE <u>Lee county Va.</u>	(13) OCCUPATION <u>Weaving</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(18) BIRTHPLACE <u>Lee county Va.</u>
(19) OCCUPATION <u>Housekeeping</u>	(20) Number of children born to mother, including present birth <u>Three</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Morgan
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Buffalo S.C.

Given name L. A. Piers M.D. Registrar
 8.12.4/43 1916

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

(27) Filled 1916 (28) J. S. ... 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.