

FORM NO. 1
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 5.
McGraw, of Columbia

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Union</u>		STATE OF SOUTH CAROLINA		87698	
Township of <u>Bogartville</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of <u>Buffalo</u>		Registration District No. <u>H.P.B.</u>		Registered No. <u>51</u>	
City of <u>Buffalo</u>		(No. <u>404</u> <u>Pond</u>)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St. <u>St.</u> Ward <u>Ward</u>			
(2) Full Name of Child <u>John Gilbert Johnson</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>17</u> <u>1914</u>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Lloyd Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Mams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Buffalo</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Buffalo</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>21</u>			
(12) BIRTHPLACE <u>Lee County Va.</u>			(18) BIRTHPLACE <u>Lee County Va.</u>		
(13) OCCUPATION <u>Weaving</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 <u>Alive</u> at <u>10</u> <u>P.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>L.B. Morgan</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Buffalo S.C.</u>					
Given name of child from a supplemental report <u>John Gilbert Johnson</u>			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
<u>8.12.4/43</u> 1914 <u>L.A. Piers, M.D.</u> Registrar			(27) Filed <u>Norman</u> 1914 (28) <u>Geo. L. Kordwain</u> 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.					