

(1) PLACE OF BIRTH
 County of Williamsburg
 Township of Anderson
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
79622

Registration District No. W304 Registered No. 37
 (For use of Local Registrar)
 (No. 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 Henry 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> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>No.</u>	(7) DATE OF BIRTH <u>Sept. 1 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME David Johnson

(9) PRESENT POSTOFFICE OF FATHER Trio Sp

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 32
(Years)

(12) BIRTHPLACE Williamsburg

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mary S. Player

(15) PRESENT POSTOFFICE OF MOTHER Trio Sp

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Williamsburg

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 1125 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Israh Hicks
 (24) State whether Physician or Midwife midwife (25) Address of (Physician or Midwife) Trio Sp

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 9/11 1916 (28) J. M. Sp... 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.