

Form No. 1

## (1) PLACE OF BIRTH

County of Marlboro

Township of .....

OF

Inc. Town of .....

OR

City of Bennettsville

(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

Registration District No. 33A Registered No. 134

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 30 1907</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Cap Johnican(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Society Hill, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 16

## MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Harris(15) PRESENT POSTOFFICE OF MOTHER Bennettsville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE Bennettsville, S.C.(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 14

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Lammie Spears

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Bennettsville, S.C.

Given name added from a supplemental report

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

(27) File Dec 19 07 (28) Mrs. H. H. H. H. 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.

U. S. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark "1" FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.