

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

File No.—For State Registrar Only
43675

Registration District No. 39A Registered No. 134
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Member in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Sept 30 1907
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

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 6

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 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Fannie Spears
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville, S.C.

Given name added from a supplemental report

 19
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) File Dec 19 07 (28) Mrs. N. 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.

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