

Form No. 10. MARGIN RESERVED FOR BINDING.

WHITE PLAINED. 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 N. No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Williamsburg</u>		STATE OF SOUTH CAROLINA.		44986	
Township of <u>Sumter</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>4310</u>		Registered No. <u>37</u>	
or				(For use of Local Registrar)	
City of		(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 <u>Agnes Johnson</u>		If child is not yet named, make supplemental report as directed			
(3) <del>Boy</del> OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	(8) (Name of Month) (Day) (Year)
	To be answered only in case of Twins or Triplets			<u>Dec</u>	<u>3</u> <u>1915</u>
FATHER.			MOTHER.		
(9) FULL NAME	<u>Henry Johnson</u>	(14) NAME BEFORE MARRIAGE	<u>Ring Gamble</u>		
(10) PRESENT POSTOFFICE OF FATHER	<u>Lake City SC</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Lake City SC</u>		
(11) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>Black</u>		
(12) BIRTHPLACE	<u>Charlottesville</u>	(17) AGE AT LAST BIRTHDAY	<u>20</u> (Years)		
(13) OCCUPATION	<u>Furnace</u>	(18) BIRTHPLACE	<u>Williamsburg SC</u>		
(19) Number of children born to mother, including present birth	<u>2</u>	(20) OCCUPATION	<u>Housewife</u>		
		(21) Number of children of this mother now living, including present birth	<u>2</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>12</u> M., (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Jennie Montgomerie</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Lake City SC</u>					
(26) Witness <u>W. A. Ritch</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed <u>29 Dec</u> 1915 (28) <u>W. A. Ritch</u> Local Registrar					
Given name added from a supplemental report					
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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.					
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