

PLACE OF BIRTH

County of Union

Township of Daguerre

Incl. Town of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53968

Registration District No. 111 Registered No. 12

(For use of Local Registrar)

CITY of Union (No. 12 St.; 12 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Madeline Mackley Johnson

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Nov. 17 1916
(Name of Month) (Day) (Year)

To be answered only in event of twins or triplets

FATHER.

(8) FULL NAME

Mr. Henry Johnson

(9) PRESENT POSTOFFICE ADDRESS

Buffalo S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37 (Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Gen. Mill

(14) Number of children born to mother, including present birth

5

MOTHER.

(15) NAME BEFORE MARRIAGE

Miss Johnson

(16) PRESENT POSTOFFICE OF MOTHER

Buffalo S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

33 (Years)

(19) BIRTHPLACE

S.C.

(20) OCCUPATION

Domestic

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 A.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

L. P. Jackson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

111 S.

Buffalo S.C.

(26) Witness

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

(27) Filed 11/17/16 1916

(28) J. M. L. Woodard Local Registrar

Given name added from a supplemental report

Nov 16 1916

W. M. L. Woodard

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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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE DIARY for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.

Only

Registrar

Ward

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