

(1) PLACE OF BIRTH

County of ClarendonTownship of Manningor
Inc. Town ofor
City of

(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

76448

Registration District No. 1307 Registered No. 67

(For use of Local Registrar)

(2) Full Name of Child. Oliver 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	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Sept. 22</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Alex Johnson(9) PRESENT POSTOFFICE OF FATHER Orangeburg, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Clarendon Co. S.C.(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie May Gilmore(15) PRESENT POSTOFFICE OF MOTHER Manning S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Orangeburg S.C.(19) OCCUPATION House work

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 2 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Adriana C. Cuthbert

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

Midwife Manning, S.C.

Given name added from a supplemental report

....., 191.....

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Registrar(26) Witness A. L. Todd
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 30 1916 (28) A. L. Todd
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.

WRITE PLAINLY, 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, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.