

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
76448

(1) PLACE OF BIRTH
County of *Charleston*
Township of *Manning*
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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? <i>girl</i>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <i>No</i>	(7) DATE OF BIRTH <i>Sept. 22, 1916</i> <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 *Charleston 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 Cuthbert*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Manning, S.C.*

Given name added from a supplemental report
..... 191.....
Registrar

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

(27) Filed *Sept 30, 1916* (28) *A. S. 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.