

## (1) PLACE OF BIRTH

County of SumterTownship of Mayesvilleor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 41.0.2

File No.—For State Registrar Only

91975

Registered No. 141  
(For use of Local Registrar)

(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 Martha Johnson

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

(3) BOY OR  
GIRL? girl(4) Twin  
or Triplet?(5) Number in  
order of birth(6) Are  
Parents  
Married? ME(7) DATE OF  
BIRTHDec 18 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME Harry Johnson(9) PRESENT  
POSTOFFICE  
OF FATHER Mayesville SC(10) COLOR  
OR  
RACE white (11) AGE AT LAST  
BIRTHDAY 28  
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(14) Number of children born to  
mother, including present birth 3

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Willy White(15) PRESENT  
POSTOFFICE  
OF MOTHER Mayesville SC(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 21  
(Years)(18) BIRTHPLACE Clinton(19) OCCUPATION Housewife(21) Number of children of this mother  
now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Mayesville M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. J. Thomas(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife Mayesville SCGiven name added from a supplemen-  
tal report(26) Witness (Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Dec 16 1916 (28) W. J. Thomas  
Registrar Local RegistrarWhen 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.