

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Sumter</u>		STATE OF SOUTH CAROLINA		87623	
Township of <u>Providence</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of .....		Registration District No. <u>4105</u>		Registered No. <u>147</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>Selina Johnson</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>Twin</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov. 1, 1916</u>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Charles Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Alice Hills</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>		
(10) COLOR OR RACE <u>colored</u>			(16) COLOR OR RACE <u>colored</u>		
(11) AGE AT LAST BIRTHDAY <u>62</u>			(17) AGE AT LAST BIRTHDAY <u>40</u>		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>17</u>			(21) Number of children of this mother now living, including present birth <u>4</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>6: P. M.</u> on the date above stated.					
(Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Charles F. Johnson</u>					
(24) State whether Physician or Midwife <u>Physician</u>					
(25) Address of Physician or Midwife <u>Sumter S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>Mrs. Eva Burkette</u>		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19 .....			(27) Filed <u>Nov. 3, 1916</u>		
Registrar			(28) <u>B. M. Laughlin</u>		
			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.					