

FORM NO. 1

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FATHER-MOTHER, No. 1, THE OTHER, No. 2, etc., in question 2.

McGraw-Hill, Inc., New York, N. Y.

(1) PLACE OF BIRTH  
County of Greenville  
Township of Greenville  
or  
Inc. Town of Greenville  
City of Greenville  
(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  
**55957**

Registration District No. 22 A Registered No. 132  
(For use of Local Registrar)  
City of Greenville (No. 1471 Greenville)  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child ..... { If child is not yet named, make supplemental report as directed

(3) <del>BOY OR GIRL?</del>	(4) Twin or Triplet? <i>disappeared only in case of twins or triplets</i>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Donnee Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Mamie Plonard</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>18</u> (Years)	
(12) BIRTHPLACE <u>Belkum, S.C.</u>			(18) BIRTHPLACE <u>Greenville, S.C.</u>	
(13) OCCUPATION <u>Batter</u>			(19) OCCUPATION <u>Housekeeper</u>	
(20) Number of children born to mother, including present birth { <u>1</u> }			(21) Number of children of this mother now living, including present birth { <u>1</u> }	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 225 P. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Dr. J. D. Smith  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)  
April 3, 1916 (27) Ch. Smith  
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.  
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