

FORM NO. 1  
 MARGIN RESERVED FOR BINDING  
 WHITE PAPER ONLY, 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  
 County of Laurens  
 Township of Hunter  
 Inc. Town of \_\_\_\_\_  
 City of Chilton S.C.  
 (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  
**77829**

Registration District No. 29B Registered No. 93  
 (For use of Local Registrar)  
 St.; \_\_\_\_\_ Ward  
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child Ralph W. Johnson Jr.

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 31</u> 191 <u>6</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Ralph W. Johnson  
 (9) PRESENT POSTOFFICE OF FATHER Chilton S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE N.C.  
 (13) OCCUPATION Deutch  
 (20) Number of children born to mother, including present birth 21

**MOTHER.**

(14) NAME BEFORE MARRIAGE Maryne Adair  
 (15) PRESENT POSTOFFICE OF MOTHER Chilton S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE Chilton S.C.  
 (19) OCCUPATION Housewife  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Boys at \_\_\_\_\_ A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) W. H. Bailey  
 (24) State whether Physician or Midwife \_\_\_\_\_ (25) Address of Physician or Midwife Chilton S.C.

Given name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_  
 \_\_\_\_\_ Registrar  
 (26) Witness \_\_\_\_\_  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Oct 5 1916 (28) J. L. H. Bailey 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.