

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  
 "Caw. of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

## (1) PLACE OF BIRTH

County of **Marlboro**.....Township of **Smithville**.....

Inc. Town of .....

City of .....

(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

49909

Registration District No. **3306**...Registered No. **13**.....

(For use of Local Registrar)

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

(3) BOY OR GIRL <b>Female</b>	(4) Twin or Triplet? To be answered only in event of twins or triplets	(5) Number in order of birth	(6) Are Parents Married? <b>Yes</b>	(7) DATE OF BIRTH <b>Feb. 14/1916</b> (Name of Month) (Day) (Year)
----------------------------------	---	------------------------------	-------------------------------------	---

## FATHER.

(8) FULL NAME **Frank Johnson**(9) PRESENT POSTOFFICE OF FATHER **Kelleek, S.C.**(10) COLOR OR RACE **Negro**, (11) AGE AT LAST BIRTHDAY **25** (Years)

(12) BIRTHPLACE

**S.C.**

(13) OCCUPATION

**Farm Hand**

(20) Number of children born to mother, including present birth

**3**

## MOTHER.

(14) NAME BEFORE MARRIAGE **Rebecca Perkins**(15) PRESENT POSTOFFICE OF MOTHER **Kelleek, S.C.**(16) COLOR OR RACE **Negro**, (17) AGE AT LAST BIRTHDAY **24** (Years)

(18) BIRTHPLACE

**N.C.**

(19) OCCUPATION

**House Work**

(21) Number of children of this mother now living, including present birth

**3**

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was **alive**,... at **10.30 A.M.**... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) **Rosa Pegues**

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

**Midwife****Kelleek, S.C.**

Given name added from a supplemental report

191

Registrar

(26) Witness **P. J. Pegues**  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed **Feb. 14/1916** (28) **W. H. Priest** 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.