

Form No. 10.

MARGIN RESERVED FOR BINDING.

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Shartanburg</u>		STATE OF SOUTH CAROLINA.		70301	
Township of		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>40-a</u>		Registered No. <u>369</u>	
or				(For use of Local Registrar)	
City of <u>Shartanburg</u>		(No. <u>4785</u> Church St.)		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>Charles David Johnson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 19</u> 19 <u>16</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Henry David Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Nettie Smith</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Shartanburg S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Shartanburg S. C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>18</u> (Years)			
(12) BIRTHPLACE <u>Wurham N. C.</u>			(18) BIRTHPLACE <u>Anderson Co. S. C.</u>		
(13) OCCUPATION <u>Traveling salesman Contractor</u>			(19) OCCUPATION <u>housewife</u>		
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>one</u> P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. E. McDowell M. D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Shartanburg S. C.</u>					
Given name added from a supplemental report			(26) Witness		
..... 191.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... Registrar			(27) Filed <u>Aug 1</u> 191 <u>6</u> (28) <u>Geo. C. Oopes</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.