

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.

McCay, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <i>Spartanburg</i>		STATE OF SOUTH CAROLINA.		70301	
Township of .....		Bureau of Vital Statistics		Registered No. <i>369</i>	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of .....		Registration District No. <i>40-a</i>		Registered No. <i>369</i>	
or		City of <i>Spartanburg</i>		(No. <i>478 S. Church St.</i> ) 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 <i>Charles David Johnson</i>		If child is not yet named, make supplemental report as directed.	
(3) BOY OR GIRL? <i>boy</i>	(4) Twin or Triplet? <i>✓</i>	(5) Number in order of birth <i>one</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 19 1916</i>	
FATHER.			MOTHER.		
(8) FULL NAME <i>Henry David Johnson</i>			(14) NAME BEFORE MARRIAGE <i>Nettie Smith</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Spartanburg S. C.</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Spartanburg S. C.</i>		
(10) COLOR OR RACE <i>white</i>		(11) AGE AT LAST BIRTHDAY <i>34</i> (Years)	(16) COLOR OR RACE <i>white</i>		(17) AGE AT LAST BIRTHDAY <i>18</i> (Years)
(12) BIRTHPLACE <i>Durham N. C.</i>			(18) BIRTHPLACE <i>Anderson Co. S. C.</i>		
(13) OCCUPATION <i>travelling salesman &amp; contractor</i>			(19) OCCUPATION <i>housewife</i>		
(20) Number of children born to mother, including present birth <i>one</i>			(21) Number of children of this mother now living, including present birth <i>one</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <i>born alive</i> at <i>one</i> ..... P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>H. E. McDowell M. D.</i>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <i>Spartanburg S. C.</i>					
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 <i>Aug 1 1916</i> (28) <i>Jas. Copes</i> 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.					