

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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
90165

Registration District No. 2211

Registered No. 43

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec 12 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Bence Johnson

(9) PRESENT POSTOFFICE OF FATHER

Marion SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

6-5- (Years)

(12) BIRTHPLACE

C. C.

(13) OCCUPATION

Farmer

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

{ 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Lylie Barnes

(15) PRESENT POSTOFFICE OF MOTHER

Marion SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38 (Years)

(18) BIRTHPLACE

C. C.

(19) OCCUPATION

Housewife

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

{ 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. C.

(24) State whether Physician or Midwife

M. D.

(25) Address of Physician or Midwife

Marion 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

191...

(28)

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.

M. C. C. of Columbia, FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 2.