

(1) PLACE OF BIRTH

County of FlomiesTownship of Lane Bry

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

55881

Registration District No. 3012 Registered No. 16

(For use of Local Registrar)

(2) Full Name of Child Simon Johnson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH April 10 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Simon Johnson(9) PRESENT POSTOFFICE OF FATHER Effingham SC.(10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Charlie Sellers

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Neg (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

(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 Alive, at 10 P. M., (Born, alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(23) (Signature) John Sellers(24) State whether Physician or Midwife (25) Address of Physician or Midwife my wife

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness (Signature of witness necessary only when question 22 is signed by mark)

(27) Filed April 10 1916 (28) D. C. Heile 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.

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.