

PATRON REFERRED FOR FILING
 THIS FORM IS TO BE FILLED BY THE FATHER OR MOTHER OF THE CHILD OR BY THE MIDWIFE OR PHYSICIAN ATTENDING THE BIRTH. IT IS A PRELIMINARY REPORT AND DOES NOT REPLACE THE SEPARATE REPORTS REQUIRED BY THE STATE OF SOUTH CAROLINA. NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.
 No. 1. M. C. of Columbia

(1) PLACE OF BIRTH
 County of Union S.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
83771

Township of Union
 or
 Inc. Town of Registration District No. 4207 Registered No. 96 95
 or
 City of (No. 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 Eloise Johnson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 2 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Walter W. Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Bulah Thomas</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Union S.C. R.R. 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Union S.C. R.R. 3</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Union Co.</u>			(18) BIRTHPLACE <u>Georgia</u>	
(13) OCCUPATION <u>Bachelor & Mill operator</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>Two</u>			(21) Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at Union S.C. at 3 A. P. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. H. Sarratt
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct 11 1916 (28) P. H. Sarratt
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 sixth month of pregnancy.

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