

## (1) PLACE OF BIRTH

County of GreeneTownship of Greene

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.) St.; ..... Ward)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49893

Registration District No. 2306 Registered No. 7(2) Full Name of Child. Robert E. Johnson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 2, 1916</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Walter Johnson

(9) PRESENT POSTOFFICE OF FATHER Greene RFD

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 61 (Years)

(12) BIRTHPLACE Fulton Co Ga

(13) OCCUPATION Plasterer

(20) Number of children born to mother, including present birth { ..... 8 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Bettie Counts

(15) PRESENT POSTOFFICE OF MOTHER Greene RFD

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 45 (Years)

(18) BIRTHPLACE Greene Co

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth { ..... 6 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dane (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 March 1, 1916 (28) S. P. Brooks 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

X. E.—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.