

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.

S. Caw, of Columbia.

(1) PLACE OF BIRTH

County of *Williamsburg*
Township of *Ridge*
or
Inc. Town of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

47668

Registration District No. *4309* Registered No. *6*
(For use of Local Registrar)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 *Benjamin Lloyd Johnson* } If child is not yet named, make supplemental report as directed

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

(8) FULL NAME *Simpson B. Johnson*

(9) PRESENT POSTOFFICE OF FATHER *Cades S.C.*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *26*
(Years)

(12) BIRTHPLACE *Cades S.C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth { 1

MOTHER.

(14) NAME BEFORE MARRIAGE *Mabel Buffin*

(15) PRESENT POSTOFFICE OF MOTHER *Cades S.C.*

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20*
(Years)

(18) BIRTHPLACE *Cades S.C.*

(19) OCCUPATION *House wife*

(21) Number of children of this mother now living, including present birth { 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Sarah M. Fadden and wife*(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Cades 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 *Jan 15, 1916* (28) *P. F. Epps* 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.