

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of 11Inc. Town of orCity of or

(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

64243

Registration District No. 1910Registered No. 18

(For use of Local Registrar)

(2) Full Name of Child Estell Johnson

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 4, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Doc Johnson(9) PRESENT POSTOFFICE OF FATHER Wallaceville(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE Fairfield(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Corum Cook(15) PRESENT POSTOFFICE OF MOTHER Wallaceville(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Fairfield(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 3 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Eliza J. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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Registrar

(26) Witness D. L. Givens
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 1916 (28) D. L. Givens
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.

WHITE 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.
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