

IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.
 REGISTER OF COLUMBIA, COLUMBIA, S. C.

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

File No.—For State Registrar Only
91538

(1) PLACE OF BIRTH

County of Richland

Township of

OR
Inc. Town of

City of Columbia S.C.

Registration District No. 38a Registered No. 1609
 (For use of Local Registrar)
 (No. Manilla Ave. 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

Mamie Johnson

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? married (7) DATE OF BIRTH.....
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year) Dec 17 1916

FATHER.

(8) FULL NAME Bonner Johnson

(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY.....
25 (Years)

(12) BIRTHPLACE Columbia S.C.

(13) OCCUPATION Auto Shop

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

MOTHER.

(14) NAME BEFORE MARRIAGE Cora Willson

(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.

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

(18) BIRTHPLACE Winnstons S.C.

(19) OCCUPATION house work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
 I hereby certify that I attended the birth of this child, who was...

alive born Dec 17 at 12:52 AM.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(22) I hereby certify that I attended the birth of this child, who was... on the date above stated.
 (23) (Signature) Susan K Smith
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 1920 Harden St

Given name added from a supplemental report
 (26) Witness Annie Brown
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 12 1917 (28) [Signature] 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.