

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofCity of Columbia S.C.(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. Manilla Ave St.; Ward)(2) Full Name of Child Mamie JohnsonFile No.—For State Registrar Only
91538Registered No. 1609
(For use of Local Registrar)

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

| | | | | |
|---|---|------------------------------|--|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>married</u> | (7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Dec 17 1916</u> |
| FATHER. | | | | |
| (8) FULL NAME <u>Garner Johnson</u> | | | | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Columbia S.C.</u> | | | | |
| (10) COLOR OR RACE <u>colored</u> | | | | |
| (11) AGE AT LAST BIRTHDAY (Years) <u>25</u> | | | | |
| (12) BIRTHPLACE <u>Columbia S.C.</u> | | | | |
| (13) OCCUPATION <u>Auto Shop</u> | | | | |
| (20) Number of children born to mother, including present birth <u>two</u> | | | | |
| MOTHER. | | | | |
| (14) NAME BEFORE MARRIAGE <u>Cora Willson</u> | | | | |
| (15) PRESENT POSTOFFICE OF MOTHER <u>Columbia S.C.</u> | | | | |
| (16) COLOR OR RACE <u>colored</u> | | | | |
| (17) AGE AT LAST BIRTHDAY (Years) <u>23</u> | | | | |
| (18) BIRTHPLACE <u>Winnstons S.C.</u> | | | | |
| (19) OCCUPATION <u>house work</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 alive born at 12:15 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)(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) 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.

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