

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of

Charlottesville

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of

Jefferson

or

Inc. Town of

Jefferson

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 12.44

File No.—For State Registrar Only

59306

Registered No. (For use of Local Registrar)

(2) Full Name of Child

Charles D. Johnson

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

(3) BOY OR GIRL

Boy

(4) Twin or triplet?

No

(5) Number in order of birth

5

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 11, 1916

(Name of Month) (Day) (Year)

(8) FULL NAME

Charles D. Johnson

(9) PRESENT POSTOFFICE OF FATHER

Jefferson St.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

34

(Years)

(12) BIRTHPLACE

Charlottesville G

(13) OCCUPATION

7. Armorer

(14) NAME BEFORE MARRIAGE

Agnes Z. J. J.

(15) PRESENT POSTOFFICE OF MOTHER

Jefferson St.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Horry Co. S. C.

(19) OCCUPATION

Domestic

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. D. Johnson

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

Given name added from a supplemental report

(26) Witness

M. M. Johnson

(27) Filed

April 22, 1916

(28)

M. M. Johnson

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.

NEVER FOLDABLE. WITH UNFOLDING TAB—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 3.
 McCaw, of Columbia.