

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE PAPER, 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 3.

(1) PLACE OF BIRTH

County of Yamou
 Township of Rich. Dunes
 or
 Inc. Town of _____

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

File No.—For State Registrar Only
53981

Registration District No. 4203 Registered No. 9
 (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 Willie Maye 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 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 15, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Andrew Johnson
 (9) PRESENT POSTOFFICE OF FATHER Carlisle
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE SC
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Lena Sims
 (15) PRESENT POSTOFFICE OF MOTHER Carlisle
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE SC
 (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Blk at _____ M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Marcella J. Parcella
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

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 APR 1 1916 (28) _____ Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
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