

Form No. 10. MARGIN RESERVED FOR BINDING. 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.

(1) PLACE OF BIRTH

County of Greene

Township of Rich. Dunes

Inc. Town of

City of

(No. St.; Ward) (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

53981

Registration District No. 4203

Registered No. 9

(For use of Local Registrar)

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

(Name of Month) (Day) (Year)

FATHER.

(5) FULL NAME

Andrew Johnson

(6) 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

(20) 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 Rich. Dunes M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Andrew Johnson

(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 Feb 15, 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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