CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
85807

(1) PLACE OF BIRTH

County of Greenville

Township of .....

or

Inc. Town of Poe Mill

or

City of ..... (No. 10 Buncombe St.; ..... Ward)

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

Registration District No. 2209 Registered No. 522 (For use of Local Registrar)

(2) Full Name of Child Eugenia Johnson

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Oct. 24, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Eugene Johnson

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Laurens Co

(13) OCCUPATION Mill work

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Barton

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 20 (Years)

(18) BIRTHPLACE Laurens Co

(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 alive 11:30 P. M. at ..... (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. Eugene Brown

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife Greenville

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 Nov 11 1916

(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.

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.

McCaw, of Columbia.