

Form No. 1.

(1) PLACE OF BIRTH
County of Richland
Township of Fork
or
Inc. Town of
or
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
74580

Registration District No. 380 Registered No. 26
(For use of Local Registrar)
(2) Full Name of Child Annet 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 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 13 1914
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Oscar Johnson
(9) PRESENT POSTOFFICE OF FATHER Irmo S C
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Fairfield Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

(14) NAME BEFORE MARRIAGE Mary Jones
(15) PRESENT POSTOFFICE OF MOTHER Irmo S C
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Fairfield Co
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.) 10

(23) (Signature) Ellen Bocknight
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Irmo

Given name added from a supplemental report
....., 191.....
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed)
(27) Filed July 26 1914 (28) W. H. Jones 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.

MARGIN RESERVED FOR BINDING.
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.