

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.

(1) PLACE OF BIRTH

County of Marion

Township of

or Inc. Town of Mullins

or City of

(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

Registration District No. 32 B

File No.—For State Registrar Only

65314

Registered No. 115
(For use of Local Registrar)

(2) Full Name of Child Mary Johnson

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

(3) ~~SEX~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH June 26, 1916
(Time of Month) (Day) (Year)

FATHER.
(8) FULL NAME Illegitimate
(9) PRESENT POSTOFFICE OF FATHER Mullins, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY ✓ (Years)
(12) BIRTHPLACE ✓
(13) OCCUPATION ✓
(20) Number of children born to mother, including present birth 1

MOTHER.
(14) NAME BEFORE MARRIAGE Rebekah Johnson
(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
(18) BIRTHPLACE Marion Co
(19) OCCUPATION Cooking
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Dollie Woodberry (25) Address of Physician or Midwife Mullins, S.C.
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness W. H. Rogers
(Signature of Witness necessary only when question 23 is signed by mother)

(27) Filed 6/29/16 (28) W. H. Rogers 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.

MOGAW OF COLUMBIA, S. C.