

Form No. 1.

(1) PLACE OF BIRTH
County of Chester
Township of Landon
or
Inc. Town of
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

File No. — For State Registrar Only
59194

Registration District No. 1105 Registered No. 122
(For use of Local Registrar)
St.: Ward)
(2) Full Name of Child Alisa Johnson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Apr 8 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Prince Johnson
(9) PRESENT POSTOFFICE OF FATHER Passonville
(10) COLOR Negro OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE Chester Co
(13) OCCUPATION laborer
(14) Number of children born to mother, including present birth 2

MOTHER.
(14) NAME BEFORE MARRIAGE Gertrude Johnson
(15) PRESENT POSTOFFICE OF MOTHER Passonville S C
(16) COLOR Negro OR RACE Negro (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Chester Co
(19) OCCUPATION laborer
(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 alive at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gertrude Johnson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Passonville S C

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

(26) Witness Anna Johnson
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 5/12 1916 (28) Gertrude Johnson 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.
PRINTED 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.