

Form No. 1.

(1) PLACE OF BIRTH  
County of Chesterfield  
Township of alligator  
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  
**76324**

Registration District No. 1700 Registered No. 63  
(For use of Local Registrar)

(2) Full Name of Child Leila 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 28 1916  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME May Johnson  
(9) PRESENT POSTOFFICE OF FATHER Middendorf  
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36 (Years)  
(12) BIRTHPLACE Chesterfield  
(13) OCCUPATION farming  
(20) Number of children born to mother, including present birth { ..... 7 .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Katie Morrison  
(15) PRESENT POSTOFFICE OF MOTHER Middendorf  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)  
(18) BIRTHPLACE Chesterfield  
(19) OCCUPATION  
(21) Number of children of this mother now living, including present birth { ..... 0 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Born at 9 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kate X Brown her mark  
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife

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

(26) Witness Mary Horne  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 10/1 1916 (28) J.M. Beatty  
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.