

REGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Newberry
Township of No. 3
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 3405

File No.—For State Registrar Only

92692

Registered No.
(For use of Local Registrar)

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

(2) Full Name of Child Ray Johnson

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 13 19 16
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Guss Johnson

(9) PRESENT POSTOFFICE OF FATHER Blair Sc

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Sc

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Harmon

(15) PRESENT POSTOFFICE OF MOTHER Blair Sc

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Sc

(19) OCCUPATION Laborer

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sylvia Rucherford

(24) State whether Physician or Midwife (25) Address of Blair Sc

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar. 8 19 17 (28) A. H. Maybin 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.