

(1) PLACE OF BIRTH,

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

86558

County of Marion

Township of .....

Inc. Town of MullinsRegistration District No. 3213Registered No. 148  
(For use of Local Registrar)

City of .....

(No. .... St.; .... Ward)

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

2) Full Name of Child. "Died Unnamed"

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

1) BOY OR GIRL?

(4) Twin Twin or Triplet?(5) Number in order of birth 1(6) Are Parents Married? yes(7) DATE BIRTH Oct. 18, '16  
(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

J. A. Johnson

9) PRESENT POSTOFFICE OF FATHER

Mullins, S.C.

(10) COLOR OR RACE

white(11) AGE AT LAST BIRTHDAY 33  
(Years)

(12) BIRTHPLACE

Marion Co. S.C.

(13) OCCUPATION

Clerk

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

{ 1 }

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lottie Wolf

(15) PRESENT POSTOFFICE OF MOTHER

Mullins, S.C.

(16) COLOR OR RACE

white(17) AGE AT LAST BIRTHDAY 28  
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Housewife

(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 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Smith, M.D.

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

PhysicianMullins, S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness

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

(27) Filed 11/28/16 (28) L. E. 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.