

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

86558

(1) PLACE OF BIRTH,
County of Marion

Township of

Inc. Town of Mullins

City of

Registration District No. 3213 Registered No. 148
(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. "Died Unnamed" } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin 2 or Triplet? 2 (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE BIRTH Oct. 18, '6
To be answered only in case of twins or triplets (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 25 (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) F. A. Smith, M.D.

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

Physician Mullins, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness 2
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filled 11/28/16 (28) L. S. 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 first month of pregnancy.

N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK for each child, and mark the FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.