

(1) PLACE OF BIRTH /

County of MarionTownship of Wahkee

Inc. Town of

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

86615

Registration District No. 3207 Registered No. 71

(For use of Local Registrar)

2) Full Name of Child Sallie Johnson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 28, 1916</u>
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)	

FATHER.

(8) FULL NAME Henry Johnson(9) PRESENT POSTOFFICE OF FATHER Marion Co.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Marion Co. S.C.(13) OCCUPATION Farm Hand(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mie Moses(15) PRESENT POSTOFFICE OF MOTHER Marion S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Marion Co. S.C.(19) OCCUPATION Domestic(20) 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 alive at 2 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louvenia Johnson

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

Midwife Marion S.C.(26) Witness J. E. Dill (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 13, 1916 (28) B. F. Dill Local Registrar

Given name added from a supplemental report

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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.

Fifth month of pregnancy.

WHILE FILLING, WITH ENCLAVING 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.