

Form No 1.

(1) PLACE OF BIRTH
 County of Fairfield
 Township of No 2
 or
 Inc. Town of
 or
 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

48943

Registration District No. 1901 Registered No. 116
 (For use of Local Registrar)
 City of (No.) St.; Ward)

(2) Full Name of Child Hester 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 30 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Will Johnson
 (9) PRESENT POSTOFFICE OF FATHER Woodward S.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 33 (Years)
 (12) BIRTHPLACE Fairfield Co S.C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth { 6

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Foster
 (15) PRESENT POSTOFFICE OF MOTHER Woodward S.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Fairfield Co S.C.
 (19) OCCUPATION Farm Laborer
 (21) Number of children of this mother now living, including present birth { 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:15 P.M. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Rachad Foster

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

midwife Woodward S.C.

Given name added from a supplemental report

....., 191....

Registrar

(26) Witness Will Johnson
 (Signature of witness necessary only when question 26 is signed by mark)

(27) FILED Feb 8 1916 (28) W. A. Blaine
 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.

McGraw, of Columbia.
 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.
 THESE FORMS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.