

1. PLACE OF BIRTH

County of Newberry
 Township of Whitening
 Inc. Town of Whitening
 City of Whitening

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

46925

Registration District No. 3407

Registered No. 117
 (For use of Local Registrar)

(2) Full Name of Child William Thomas Johnson (No. of birth in hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be reported only in case of twins or triplets</i>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 12</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Lizzie Magatha</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Whitening, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Whitening, S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>25</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Tenn.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Mill Work</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>Second</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) B. H. Perry, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Whitening, 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)
W. H. Perry
 (27) Filed Feb 3 1916 (28) W. H. Perry
 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.
 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-Hill, Inc. 1221 Avenue of the Americas, New York, N. Y. — In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2.