

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

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

58668

Registration District No.

Registered No.

(For use of Local Registrar)

St. Ward

## (2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

May 4 1916

To be answered only in case of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

Leon J. Johns

(14) NAME BEFORE MARRIAGE

Mary Jane Brown

(9) PRESENT POSTOFFICE OF FATHER

Ehhardt. S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Ehhardt. S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

21 (Years)

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

19 (Years)

(12) BIRTHPLACE

Bamberg Co. S.C.

(18) BIRTHPLACE

Bamberg Co. S.C.

(13) OCCUPATION

Farming

(19) OCCUPATION

housewife

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

1

(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 Alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Marrak Grant

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

Midwife

Ehhardt. S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

5/26/16

(28) G. J. Herndon

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.

WRITE PLAINLY, WITH UNFADING 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 8.  
 MacDuff, of Columbia.