

MAILED FEBRUARY 19, 1911
THIS PLACED WITH CERTAIN IN THIS IS A PERMANENT RECORD
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE ENTRY FOR EACH CHILD TO BE MADE IN THIS SPACE

McCaw, of Columbia

(1) PLACE OF BIRTH
County of Durham
Township of Madison
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
44771

Registration District No. 4102 Registered No. 87
(For use of Local Registrar)
St.; Ward

(2) Full Name of Child Core 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>Nov. 12</u> 19 <u>10</u> (Name of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| (8) FULL NAME <u>Jack Johnson</u> | | | (14) NAME BEFORE MARRIAGE <u>Elyse Nelson</u> | |
| (9) PRESENT POSTOFFICE OF FATHER <u>Windsorfield</u> | | | (15) PRESENT POSTOFFICE OF MOTHER <u>Windsorfield</u> | |
| (10) COLOR OR RACE <u>Col</u> | | | (16) COLOR OR RACE <u>Col</u> | |
| (11) AGE AT LAST BIRTHDAY <u>40</u> (Years) | | | (17) AGE AT LAST BIRTHDAY <u>40</u> (Years) | |
| (12) BIRTHPLACE <u>OC</u> | | | (18) BIRTHPLACE <u>OC</u> | |
| (13) OCCUPATION <u>Farmer</u> | | | (19) OCCUPATION <u>Domestic</u> | |
| (20) Number of children born to mother, including present birth { <u>1</u> } | | | (21) Number of children of this mother now living, including present birth { <u>7</u> } | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paul Miller
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Windsorfield OC

Given name added from a supplemental report
....., 191....
.....
Registrar

(26) Witness M. L. G. G.
(Signature of Witness necessary only when question 23 is signed by mark)
(27) File 13.191 (28) M. S. Paul 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.

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