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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Calleton
Township of Smoaks
or
Inc. Town of S.C.
or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of HealthRegistration District No. 1410

FILE No.—For State Registrar Only

00166

Registered No. _____
(For use of Local Registrar)

(No. _____ St.; _____ Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Mary Carmeuse Johnson { If child is not yet named, make supplemental report as directed.3. ~~Boy~~ Girl ☐ If Plural births ☐ 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature ☐ Full term ☒ 7. Are Parents Married? yes 8. Date of birth Mar. 23, 1916
(Month, day, year)9. Full name Morris Johnson FATHER18. Name before marriage Previous Jones MOTHER10. Residence (mailing address)
(If non-resident, give place and State) Smoaks, S.C.19. Residence (mailing address)
(If non-resident, give place and State) Smoaks, S.C.11. Color or race Negro 12. Age at child's birth 43 (years)20. Color or race Negro 21. Age at child's birth 22 (years)13. Birthplace (city or place)
(State or country) Calleton County, South Carolina22. Birthplace (city or place)
(State or country) St. George, S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clas. Lab23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. At home16. Date (month and year) last engaged in this work All life 7/24/194325. Date (month and year) last engaged in this work 7/21/43, 19____26. Total time (years) spent in this work all27. Number of children of this mother
(At time of birth and including this child (a) Born alive and now living 4 (b) Born alive but now dead _____ (c) Stillborn 028. If stillborn, 0 (months) 29. Cause of stillbirth _____
period of gestation _____ weeks _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 3 A. m. on the date above stated.
(Born alive ~~_____~~)(Signed) Pearson Johnson Parent

or _____ Guardian

Address Rt. Box 201, St. George, S.C.Filed July 30, 1943 L.A. Riser, M.D.
Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

7-2-43