Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 87624

(1) PLACE OF BIRTH

County of Sumter

Township of Sumter
or
Inc. Town of .....
or
City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 4105 Registered No. 148
(For use of Local Registrar)

(2) Full Name of Child John Johnson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy
(4) Twin or Triplet? Twin
(5) Number in order of birth
To be answered only in event of Twins or Triplets
(6) Are Parents Married?
(7) DATE OF BIRTH Nov. 1 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Charles Johnson	(14) NAME BEFORE MARRIAGE Alice Hills
(9) PRESENT POSTOFFICE OF FATHER Sumter S.C.	(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 62 (Years)	(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 17	(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 Alive (Born alive or stillborn) at 6 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Charles his Frank Johnson

(24) State whether Physician or Midwife: Father

(25) Address of Physician or Midwife: Sumter SC

Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness Mrs. Eva Burkette
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov. 8 1916 (28) B. McLaughlin 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 5.
MARGIN RESERVED FOR BINDING.

McCaw of Columbia, Columbia, S. C.

KODAK SAFE