

(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

59031

Registration District No. 904

Registered No. 32

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Arizona Johnson

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

(3) BOY OR GIRL?

G

(4) Twin or Triplet?

Is he answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

BIRTH

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Berry Johnson

(9) PRESENT POSTOFFICE OF FATHER

R1 Charleston

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

Farm Land

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

{ }

MOTHER.

(14) NAME BEFORE MARRIAGE

Lillie Johnson

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ~~born alive~~ ^{born alive or stillborn} (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Lillie Drayton

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

R1 Charleston

Given name added from a supplemental report

191....

Registrar

(26) Witness

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

(27) Filed

5/15 1916

(28)

G. R. Seabrook

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.

MARGIN RESERVED FOR BINDING. WHEN FILLING, WITH UNFOLDING INK—THIS IS A PERMANENT RECORD. M. R.—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 2.

M. R. of Columbia