

(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.)

(2) Full Name of Child *Arizona Johnson*File No.—For State Registrar Only
59031

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *904*Registered No. *32*

(For use of Local Registrar)

St.; _____ Ward)

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

(3) BOY OR GIRL? *G*

(4) Twin or Triplet?

Is to be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Berry Johnson*(9) PRESENT POSTOFFICE OF FATHER *W1 Charleston*(10) COLOR OR RACE *col* (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE

(13) OCCUPATION *Farm hand*

(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

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 *W1 Charleston*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *5/15 1916*

(28)

Geo 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 CONTAINS USEFUL HINTS. WITH UNNECESSARY INK—THIS IS A PERMANENT RECORD. 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. C. W. of Columbia