

MARGIN RESERVED FOR BINDING.

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.

McGaw, of Columbia.

(1) PLACE OF BIRTH
County of Marlboro

Township of

or
Inc. Town of Bennettsvilleor
City of(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 33-A Registered No. 69
(For use of Local Registrar)(2) Full Name of Child Thomas E. Johnson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug. 24, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Johnson(9) PRESENT POSTOFFICE OF FATHER Bennettsville SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Flomence Co SC(13) OCCUPATION Rail Road work(20) Number of children born to mother, including present birth { One

MOTHER.

(14) NAME BEFORE MARRIAGE Candis Stephens(15) PRESENT POSTOFFICE OF MOTHER Bennettsville SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 19 (Years)(18) BIRTHPLACE Flomence Co SC(19) OCCUPATION Laborn(21) Number of children of this mother now living, including present birth { One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Smith(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville SC

Given name added from a supplemental report

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Registrar

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

on Filed Aug 26, 1916 (28) CO W Pate

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.