

Form No. 1

## (1) PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia

(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

66047

Registration District No. 38aRegistered No. 1236

(For use of Local Registrar)

(2) Full Name of Child Johnnie Edward

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

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>June 2</u> <u>1916</u>
FATHER.			MOTHER.	

(8) FULL NAME Johnny Dinkins(9) PRESENT POSTOFFICE OF FATHER Columbia S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Willmington N.C.(13) OCCUPATION Dr. Shop(20) Number of children born to mother, including present birth { 3 }(14) NAME BEFORE MARRIAGE Isabell Latta(15) PRESENT POSTOFFICE OF MOTHER Columbia S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Datesburg S.C.(19) OCCUPATION cooking(21) Number of children of this mother now living, including present birth { 2 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Latta Simpson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife 1718 Wheat St

Given name added from a supplemental report

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

(27) Filed left 1916 (28) Ellen Greer

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.  
 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 N. No. 1, THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.