

Form No 1.

## (1) PLACE OF BIRTH

County of YorkTownship of Bathurst

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

45020

Registration District No. 44.01 Registered No. 123

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child David Rye Johnson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? B.(4) Twin X or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? X(7) DATE OF BIRTH Dec 10 0  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Wick Johnson(9) PRESENT POSTOFFICE OF FATHER Rye, S.C.(10) COLOR OR RACE W.(11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE York Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie McDaniel(15) PRESENT POSTOFFICE OF MOTHER R. D. P. & D. I.(16) COLOR OR RACE W.(17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE York Co. S.C.(19) OCCUPATION Danish(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was B. (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated. 4. 6. M.(23) (Signature) David Rye Johnson

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

Given name added from a supplemental report

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

(27) Filed 1/10/16 (28) Local Registrar D. H. Love

\*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. WHITE 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.