

FORM NO. 1

(1) PLACE OF BIRTH

County of Edgefield S.C.

Township of Johnston S.C.

Inc. Town of

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

40098

Registration District No. 1814

Registered No. 81

(For use of Local Registrar)

(2) Full Name of Child

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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 17th (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME James Springo

(14) NAME BEFORE MARRIAGE Ella Harriet

(9) PRESENT POSTOFFICE OF FATHER Johnston S.C.

(15) PRESENT POSTOFFICE OF MOTHER Johnston S.C.

(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 40 (Years)

(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION Farming

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 16

(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature] (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)

Registrar

(27) Filed Jan. 9, 1912 (28) S. S. Manner 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 INDEXING. WRITE PLAINLY, WITH A PENCIL. IN 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 1, mention of color.