

Form No. 10.

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. THIS OTHER, No. 2, etc., in question 8.

City, of Columbia

(1) PLACE OF BIRTH
County of Assendon
Township of Santee
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.)
Registration District No. 13/13 Registered No. 5
(For use of Local Registrar)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
48671

(2) Full Name of Child Dora Lee Johnson
If child is not yet named, make supplemental report as directed.

(3) SEX OR GENDER <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age <u>16</u> <small>Present Married</small>	(7) DATE OF BIRTH <u>Jan. 18, 1906</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Father Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Mrs. Anna Hammett</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Davis St., S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Davis St., S.C.</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> <small>(Years)</small>	(18) BIRTHPLACE <u>S.C.</u>
(12) BIRTHPLACE <u>S.C.</u>		(19) OCCUPATION <u>Wid</u>		
(20) Number of children born to mother, including present birth <u>One</u>		(21) Number of children of this mother now living, including present birth <u>One</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Davis St., S.C.

Given name added from a supplemental report
....., 191.....
....., 191.....
....., 191.....
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed [Signature] (28) [Signature] 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.
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