

PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
DEPT. OF VITAL STATISTICS
State Board of Health

FILE - 10 100 1000
2080

County of Buckley
City of James
Town of James
Day of June

Registration District No. 201 Registered No. 7
(For use of Local Authorities)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(1) Full Name of Child

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

(a) SEX Male (b) Type or Figure 7 (c) Number in order of birth 1 (d) DATE OF BIRTH June 22 1911

FATHER

MOTHER

(1a) NAME Harvard Johnson

(1a) NAME Prudence Huff

(1b) PLACE OF BIRTH Summerville S.C.

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(1c) COLOR White (1d) AGE AT LAST 25

(1c) COLOR White (1d) AGE AT LAST 28

(1e) COUNTY Buckley County

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(1f) OCCUPATION Farming

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(1g) Number of children born to mother, including present birth Eight

(1g) Number of children of this mother Eight

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(2a) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)

(2b) (Signature) Isabella Adams (2c) Address of Physician or Midwife Summerville

(2d) State whether Physician or Midwife mid wife

Given name added from a supplemental report

(2e) Witness Alice Huff (Signature of Witness necessary only when question 2 is signed by mark)

(2f) Filed March 10 1912 (2g) R. B. Harrison

When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.