

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 (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
45585

Registration District No. 4A Registered No. 43
 (For use of Local Registrar)
 No. 38 Trade St.; Ward
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Male (4) Twin or Triplet? - (5) Number in order of birth - (6) Are Parents Married? no (7) DATE OF BIRTH Jan 5 6
 (Name of Month) (Day) (Year)
 To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME James Jackson
 (9) PRESENT POSTOFFICE OF FATHER Charleston SC
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Charleston SC
 (13) OCCUPATION Laborer
 (20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Johnson
 (15) PRESENT POSTOFFICE OF MOTHER Charleston SC
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE Charleston SC
 (19) OCCUPATION Washer Woman
 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 A.M. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. O. Davidson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician 279 Calhoun St.

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 1/14 1916 (28) 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.