

Form No. 1

(1) PLACE OF BIRTH

County of LongTownship of Dry Bluffor
Inc. Town ofor
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

77538

Registration District No. 2503 Registered No. 7

(For use of Local Registrar)

(2) Full Name of Child Lennie Johnson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? none (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 8 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Franklin Johnson(9) PRESENT POSTOFFICE OF FATHER Gilberts Ferry, S.C. #1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Long Co, S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 8

MOTHER.

(14) NAME BEFORE MARRIAGE Madge Pitman(15) PRESENT POSTOFFICE OF MOTHER Gilberts Ferry, S.C. #1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE Long Co, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:55 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) W. B. King(24) State whether Physician or Midwife (25) Address of Physician or Midwife Myra, S.C.

Given name added from a supplemental report

9/12 1916

Registrar

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

(27) Filed 9/13 1916. (28) Thomas Johnson 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 BINDING. THIS IS A PERMANENT RECORD.

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

McCauley, of Columbia