

NOTE—BOYS 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Darlington</u>		STATE OF SOUTH CAROLINA.		85213	
Township of <u>Highland</u>		Bureau of Vital Statistics			
Inc. Town of <u>Highland</u>		State Board of Health			
City of <u>Highland</u>		Registration District No. <u>503</u>		Registered No. <u>77</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Rheba Johnson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 26</u> 19 <u>16</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>William Johnson</u>			(14) NAME BEFORE MARRIAGE <u>Rosa Johnson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u>		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>44</u> (Years)	(16) COLOR OR RACE <u>Col</u>		(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)	
(12) BIRTHPLACE <u>Darlington Co</u>			(18) BIRTHPLACE <u>Darlington</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>13</u>			(21) Number of children of this mother, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>live</u> at <u>Darlington</u> (Born alive or stillborn) (Hour A. M. or P. M.) <u>1 P. M.</u> on the date above stated.					
(23) (Signature) <u>G. L. Harris</u>					
(24) State whether Physician or Midwife (25) <u>Midwife</u> (Signature of Physician or Midwife) <u>G. L. Harris</u>					
Given name added from a supplemental report			(26) Witness <u>G. L. Harris</u> (Signature of Witness necessary when question 22 is signed by a midwife)		
			(27) Filed <u>Oct 30 1916</u> (28) <u>G. L. Harris</u> Local Registrar.		

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