

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *Tulhatchee*
 OR
 Inc. Town of
 OR
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only
76430

Registration District No. *8305* Registered No. *128*
 (For use of Local Registrar)

(2) Full Name of Child *Novell Anna Johnson* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *5* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Sept 8 1916*
To be assigned only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME *Joe H Johnson*
 (9) PRESENT POSTOFFICE OF FATHER *Burnini SC*
 (10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *37* (Years)
 (12) BIRTHPLACE *SC*
 (13) OCCUPATION *Janitor*
 (20) Number of children born to mother, including present birth *Five*

MOTHER
 (14) NAME BEFORE MARRIAGE *Novell James*
 (15) PRESENT POSTOFFICE OF MOTHER *Burnini SC*
 (16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *30* (Years)
 (18) BIRTHPLACE *SC*
 (19) OCCUPATION *Domestic*
 (21) Number of children of this mother now living, including present birth *Four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born* at *10 20* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Mary Stiles*
 (24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Burnini SC*

Given name added from a supplemental report
Mary F. Stiles
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *9/9* 191*6* (28) *Mary F. Stiles* 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.
 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. THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.